



Adoption Reform Committee

Adopted in House Comm. on Mar 03, 2010

09600HB5428ham001

LRB096 17882 AJ0 37732 a

1 AMENDMENT TO HOUSE BILL 5428

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5428 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Adoption Act is amended by changing  
5 Sections 18.04, 18.05, 18.06, 18.07, 18.1, 18.1a, 18.1b, 18.2,  
6 18.3, 18.3a, 18.5, and 18.6 as follows:

7 (750 ILCS 50/18.04)

8 Sec. 18.04. Original Birth Certificate Access ~~The Illinois~~  
9 ~~Adoption Registry and Medical Information Exchange;~~  
10 legislative intent. The General Assembly recognizes that it is  
11 the basic right of all persons to access their birth records,  
12 and, to this end, supports public policy that allows an adult  
13 adoptee to access his or her original birth certificate. The  
14 General Assembly further recognizes that there are  
15 circumstances under which a birth parent may have compelling  
16 reasons for wishing to remain anonymous to a child he or she

1 surrendered for adoption. In an effort to balance these  
2 interests, the General Assembly supports public policy that  
3 releases a non-certified copy of the original birth certificate  
4 to an adult adopted person upon request unless a specific  
5 request for anonymity has been filed with the Registry by a  
6 birth parent named on the original birth certificate ~~the~~  
7 ~~importance of creating a procedure by which mutually consenting~~  
8 ~~adult members of birth and adoptive families, and adult adopted~~  
9 ~~or surrendered persons may voluntarily exchange vital medical~~  
10 ~~information throughout the life of the adopted or surrendered~~  
11 ~~person. The General Assembly supports public policy that~~  
12 ~~requires explicit mutual consent prior to the release of~~  
13 ~~confidential information. The General Assembly further~~  
14 ~~recognizes that it is in the best interest of adopted and~~  
15 ~~surrendered persons that birth family medical histories and the~~  
16 ~~preferences regarding contact of all parties to an adoption be~~  
17 ~~compiled, preserved and provided to mutually consenting~~  
18 ~~members of birth and adoptive families.~~

19 (Source: P.A. 94-173, eff. 1-1-06.)

20 (750 ILCS 50/18.05)

21 Sec. 18.05. The Illinois Adoption Registry and Medical  
22 Information Exchange.

23 (a) General function. Subject to appropriation, the  
24 Department of Public Health shall administer the Illinois  
25 Adoption Registry and Medical Information Exchange in the

1 manner outlined in subsections (b) and (c) for the purpose of  
2 facilitating the voluntary exchange of identifying and medical  
3 information between mutually consenting members of birth and  
4 adoptive families. The Department shall establish rules for the  
5 confidential operation of the Illinois Adoption Registry. The  
6 Department shall appoint an OBC-Access Public Information  
7 Campaign Oversight Committee comprised of representatives of  
8 the Department of Public Health and the Department of Children  
9 and Family Services, as well as one representative from each of  
10 the following organizations: Adoptees, Birth Parents and  
11 Adoptive Parents Together; Adoption Advocates of America;  
12 Adoptive Families Today; Agudath Israel of America; American  
13 Adoption Congress; The Baby Fold; Catholic Conference of  
14 Illinois; Chicago Area Families for Adoption; Chicago Bar  
15 Association; Child Care Association of Illinois; Children's  
16 Home and Aid Society of Illinois; Child Welfare Advisory  
17 Council; The Cradle; Healing Hearts; For Birth Parents by  
18 Birthparents; Illinois Foster Parents Association; Illinois  
19 State Bar Association; Illinois State Medical Society; LDS  
20 Social Services; Lutheran Social Services of Illinois;  
21 Maryville Academy; Midwest Adoption Center; St. Mary's  
22 Services; and Stars of David. On and after the effective date  
23 of this amendatory Act of the 96th General Assembly, the  
24 OBC-Access Public Information Campaign Oversight Committee  
25 shall develop and ensure the timely implementation of a  
26 year-long, nationwide campaign to be conducted from November 1,

1 2010, through November 30, 2011, for the express purpose of  
2 informing the public in earnest about the conditions under  
3 which an adult adopted or surrendered person may receive a  
4 non-certified copy of his or her original birth certificate,  
5 and the procedures pursuant to which a birth parent may file a  
6 Birth Parent Preference Form to express his or her wishes with  
7 respect to contact with a surrendered son or daughter and the  
8 release of identifying information that appears on the original  
9 birth certificate. This year-long informational campaign shall  
10 include, but not be limited to:

11 (1) Public service announcements to be distributed to local  
12 and national radio and television stations.

13 (2) Notices to be distributed throughout Illinois to  
14 physicians' offices, religious institutions, social welfare  
15 organizations, retirement homes, and other entities capable of  
16 reaching individuals who may be impacted by this change in the  
17 law.

18 (3) An informational website exclusively devoted to  
19 providing the general public with information about the new law  
20 as well as other forms of free electronic media.

21 (4) Press releases to be distributed to local and national  
22 radio and television stations, as well as to relevant websites.

23 (5) Announcements about the new law to be posted on the  
24 websites of all adoption agencies licensed in the State.

25 (6) Notices accompanying every vehicle registration  
26 renewal application issued by the Secretary of State's office

1 between November 1, 2010, and November 1, 2011.

2 (7) Notices enclosed with driver's license renewal  
3 applications issued by the Secretary of State's office  
4 beginning 30 days after the effective date of this amendatory  
5 Act of the 96th General Assembly and through November 30, 2014.  
6 ~~conduct a public information campaign through public service~~  
7 ~~announcements and other forms of media coverage and, until~~  
8 ~~December 31, 2010, through notices enclosed with driver's~~  
9 ~~license renewal applications, shall inform the public of the~~  
10 ~~Illinois Adoption Registry and Medical Information Exchange.~~

11 The Illinois Adoption Registry shall also maintain an  
12 informational Internet site where interested parties may  
13 access information about the Illinois Adoption Registry and  
14 Medical Information Exchange and download all necessary  
15 application forms. The Illinois Adoption Registry shall  
16 maintain statistical records regarding Registry participation  
17 and publish and circulate to the public informational material  
18 about the function and operation of the Registry.

19 (b) Establishment of the Adoption/Surrender Records File.  
20 When a person has voluntarily registered with the Illinois  
21 Adoption Registry and completed an Illinois Adoption Registry  
22 Application or a Registration Identification Form, the  
23 Registry shall establish a new Adoption/Surrender Records  
24 File. Such file may concern an adoption that was finalized by a  
25 court action in the State of Illinois, an adoption of a person  
26 born in Illinois finalized by a court action in a state other

1 than Illinois or in a foreign country, a surrender taken in the  
2 State of Illinois, or an adoption filed according to Section  
3 16.1 of the Vital Records Act under a Record of Foreign Birth  
4 that was not finalized by a court action in the State of  
5 Illinois. Such file may be established for adoptions or  
6 surrenders finalized prior to as well as after the effective  
7 date of this amendatory Act. A file may be created in any  
8 manner to preserve documents including but not limited to  
9 microfilm, optical imaging, or electronic documents.

10 (c) Contents of the Adoption/Surrender Records File. An  
11 established Adoption/Surrender Records File shall be limited  
12 to the following items, to the extent that they are available:

13 (1) The General Information Section and Medical  
14 Information Exchange Questionnaire of any Illinois  
15 Adoption Registry Application or a Registration  
16 Identification Form which has been voluntarily completed  
17 by any registered party.

18 (2) Any photographs voluntarily provided by any  
19 registrant for any other registered party at the time of  
20 registration or any time thereafter. All such photographs  
21 shall be submitted in an unsealed envelope no larger than 8  
22 1/2" x 11", and shall not include identifying information  
23 pertaining to any person other than the registrant who  
24 submitted them. Any such identifying information shall be  
25 redacted by the Department or the information shall be  
26 returned for removal of identifying information.

1 (3) Any Information Exchange Authorization, ~~or~~ Denial  
2 of Information Exchange, or Birth Parent Preference Form  
3 which has been filed by a registrant.

4 (4) For all adoptions finalized after January 1, 2000,  
5 copies of the original certificate of live birth and the  
6 certificate of adoption.

7 (5) Any updated address submitted by any registered  
8 party about himself or herself.

9 (6) Any proof of death that ~~which~~ has been submitted by  
10 a registrant.

11 (7) Any birth certificate that has been submitted by a  
12 registrant.

13 (8) Any marriage certificate that has been submitted by  
14 a registrant.

15 (9) Any proof of guardianship that has been submitted  
16 by a registrant.

17 (10) Any Request for a Non-Certified Copy of an  
18 Original Birth Certificate that has been filed with the  
19 Registry by an adult adopted or surrendered person or by a  
20 surviving adult child or surviving spouse of a deceased  
21 adopted or surrendered person who has registered with the  
22 Registry.

23 (d) An established Adoption/Surrender Records File for an  
24 adoption filed in Illinois under a Record of Foreign Birth that  
25 was not finalized in a court action in the State of Illinois  
26 shall be limited to the following items submitted to the State

1 Registrar of Vital Records under Section 16.1 of the Vital  
2 Records Act, to the extent that they are available:

3 (1) Evidence as to the child's birth date and  
4 birthplace (including the country of birth and, if  
5 available, the city and province of birth) provided by the  
6 original birth certificate, or by a certified copy,  
7 extract, or translation thereof or by other document  
8 essentially equivalent thereto (the records of the U.S.  
9 Immigration and Naturalization Service or of the U.S.  
10 Department of State to be considered essentially  
11 equivalent thereto).

12 (2) A certified copy, extract, or translation of the  
13 adoption decree or other document essentially equivalent  
14 thereto (the records of the U.S. Immigration and  
15 Naturalization Service or of the U.S. Department of State  
16 to be considered essentially equivalent thereto).

17 (3) A copy of the IR-3 visa.

18 (4) The name and address of the adoption agency that  
19 handled the adoption.

20 (Source: P.A. 94-173, eff. 1-1-06; 94-430, eff. 8-2-05; 95-331,  
21 eff. 8-21-07.)

22 (750 ILCS 50/18.06)

23 Sec. 18.06. Definitions. When used in Sections 18.05  
24 through Section 18.6, for the purposes of the Registry:

25 "Adopted person" means a person who was adopted pursuant to

1 the laws in effect at the time of the adoption.

2 "Adoptive parent" means a person who has become a parent  
3 through the legal process of adoption.

4 "Adult child" means the biological child 21 years of age or  
5 over of a deceased adopted or surrendered person.

6 "Adult Adopted or Surrendered Person" means an adopted or  
7 surrendered person 21 years of age or over.

8 "Agency" means a public child welfare agency or a licensed  
9 child welfare agency.

10 "Birth aunt" means the adult full or half sister of a  
11 deceased birth parent.

12 "Birth father" means the biological father of an adopted or  
13 surrendered person who is named on the original certificate of  
14 live birth or on a consent or surrender document, or a  
15 biological father whose paternity has been established by a  
16 judgment or order of the court, pursuant to the Illinois  
17 Parentage Act of 1984.

18 "Birth mother" means the biological mother of an adopted or  
19 surrendered person.

20 "Birth parent" means a birth mother or birth father of an  
21 adopted or surrendered person.

22 "Birth Parent Preference Form" means the form prepared by  
23 the Department of Public Health pursuant to Section 18.2  
24 completed by a birth parent registrant and filed with the  
25 Registry that indicates the birth parent's preferences  
26 regarding contact and the release of his or her identifying

1 information on the non-certified copy of the original birth  
2 certificate released to an adult adopted or surrendered person  
3 or to the surviving adult child or surviving spouse of a  
4 deceased adopted or surrendered person who has filed a Request  
5 for a Non-Certified Copy of an Original Birth Certificate.

6 "Birth relative" means a birth mother, birth father, birth  
7 sibling, birth aunt, or birth uncle.

8 "Birth sibling" means the adult full or half sibling of an  
9 adopted or surrendered person.

10 "Birth uncle" means the adult full or half brother of a  
11 deceased birth parent.

12 "Confidential intermediary" means an individual certified  
13 by the Department of Children and Family Services pursuant to  
14 Section 18.3a(e).

15 "Denial of Information Exchange" means an affidavit  
16 completed by a registrant with the Illinois Adoption Registry  
17 and Medical Information Exchange denying the release of  
18 identifying information which has been filed with the Registry.

19 "Information Exchange Authorization" means an affidavit  
20 completed by a registrant with the Illinois Adoption Registry  
21 and Medical Information Exchange authorizing the release of  
22 identifying information which has been filed with the Registry.

23 "Medical Information Exchange Questionnaire" means the  
24 medical history questionnaire completed by a registrant of the  
25 Illinois Adoption Registry and Medical Information Exchange.

26 "Non-certified Copy of the Original Birth Certificate"

1 means a non-certified copy of the original certificate of live  
2 birth of an adult adopted or surrendered person who was born in  
3 Illinois.

4 "Proof of death" means a death certificate.

5 "Registrant" or "Registered Party" means a birth parent,  
6 birth sibling, birth aunt, birth uncle, adopted or surrendered  
7 person 21 years of age or over, adoptive parent or legal  
8 guardian of an adopted or surrendered person under the age of  
9 21, or adoptive parent, surviving spouse, or adult child of a  
10 deceased adopted or surrendered person who has filed an  
11 Illinois Adoption Registry Application or Registration  
12 Identification Form with the Registry.

13 "Registry" means the Illinois Adoption Registry and  
14 Medical Information Exchange.

15 "Request for a Non-Certified Copy of an Original Birth  
16 Certificate" means an affidavit completed by an adult adopted  
17 or surrendered person or by the surviving adult child or  
18 surviving spouse of a deceased adopted or surrendered person  
19 and filed with the Registry requesting a non-certified copy of  
20 an adult adopted or surrendered person's original certificate  
21 of live birth in Illinois.

22 "Surrendered person" means a person whose parents' rights  
23 have been surrendered or terminated but who has not been  
24 adopted.

25 "Surviving spouse" means the wife or husband of a deceased  
26 adopted or surrendered person who has one or more biological

1 children under the age of 21.

2 "18.3 Statement" means a statement regarding the  
3 disclosure of identifying information signed by a birth parent  
4 under Section 18.3 of this Act as it existed immediately prior  
5 to the effective date of this amendatory Act of the 96th  
6 General Assembly.

7 (Source: P.A. 94-173, eff. 1-1-06.)

8 (750 ILCS 50/18.07)

9 Sec. 18.07. Adoption Registry Advisory Council. There is  
10 established an Adoption Registry Advisory Council. The Council  
11 shall meet twice yearly, and at least once yearly jointly with  
12 the Confidential Intermediary Advisory Council. The Council  
13 shall be chaired by the Director of the Department of Public  
14 Health or his designee. The Council shall include the Director  
15 of the Department of Children and Family Services or his  
16 designee. The Council shall also include one representative  
17 from each of the following organizations: Adoption Advocates of  
18 Illinois, Adoptive Families Today, American Adoption Congress,  
19 Catholic Conference of Illinois, Chicago Area Families for  
20 Adoption, Chicago Bar Association, Child Care Association of  
21 Illinois, Children Remembered, Inc., Children's Home and Aid  
22 Society of Illinois, Child Welfare Advisory Council, The  
23 Cradle, Healing Hearts, Illinois Foster Parents Association,  
24 Illinois State Bar Association, Illinois State Medical  
25 Society, Jewish Children's Bureau, Kids Help Foundation, LDS

1 Social Services, Lutheran Social Services of Illinois,  
2 Maryville Academy, Midwest Adoption Center, St. Mary's  
3 Services, Stars of David, and Truthseekers in Adoption.

4 If any one of the above named organizations notifies the  
5 Director of the Department of Public Health in writing that the  
6 organization does not wish to participate on the Advisory  
7 Council or that the organization is no longer functioning, the  
8 Director shall appoint another organization that represents  
9 the same constituency as the named organization to replace the  
10 named organization on the Council.

11 The Council's responsibilities shall include the following:

12 1) Advising the Department on the development of rules,  
13 procedures, and forms utilized by the Illinois Adoption  
14 Registry and Medical Information Exchange;

15 2) Making recommendations regarding the procedures,  
16 tools and technology that will ensure efficient and  
17 effective operation of the Registry;

18 ~~3) Submitting a report to the Governor and the General~~  
19 ~~Assembly no later than January 1, 2001, on the status of~~  
20 ~~the Registry, an evaluation of the effectiveness of the~~  
21 ~~Registry, and pertinent statistics regarding the Registry;~~

22 3) ~~4)~~ Assisting the Department with the development,  
23 publication, and circulation of an informational pamphlet  
24 that describes the purpose, function, and mechanics of the  
25 Illinois Adoption Registry and Medical Information  
26 Exchange, including information about who is eligible to

1 register and how to register; information about the  
2 questions and concerns that registrants may develop when  
3 they register or when they receive information from the  
4 Registry; and a list of services, programs, groups, and  
5 informational websites that are available to assist  
6 registrants with their questions and concerns; ~~;~~

7 4) Collecting statistical data and empirical  
8 information concerning the procedures in the Registry  
9 including, but not limited to, data concerning the filing  
10 of Denials of Information Exchange, Information Exchange  
11 Authorizations, Requests for a Non-Certified Copy of an  
12 Original Birth Certificate, and Birth Parent Preference  
13 Forms.

14 (Source: P.A. 91-417, eff. 1-1-00.)

15 (750 ILCS 50/18.1) (from Ch. 40, par. 1522.1)

16 Sec. 18.1. Disclosure of identifying information.

17 (a) The Department of Public Health shall establish and  
18 maintain a Registry for the purpose of allowing ~~providing~~  
19 ~~identifying information to~~ mutually consenting members of  
20 birth and adoptive families to exchange identifying and medical  
21 information. Identifying information for the purpose of this  
22 Act shall mean any one or more of the following:

23 (1) The name and last known address of the consenting  
24 person or persons.

25 (2) A copy of the Illinois Adoption Registry

1 Application of the consenting person or persons.

2 (3) A non-certified copy of the original birth  
3 certificate ~~of live birth~~ of an adult ~~the~~ adopted or  
4 surrendered person.

5 (b) Written authorization from all parties identified must  
6 be received prior to disclosure of any identifying information,  
7 with the exception of non-certified copies of original birth  
8 certificates released to adult adopted or surrendered persons  
9 or to surviving adult children and surviving spouses of  
10 deceased adopted or surrendered persons pursuant to the  
11 procedures outlined in Section 18.1b(e).

12 (c) ~~(b)~~ At any time after a child is surrendered for  
13 adoption, or at any time during the adoption proceedings or at  
14 any time thereafter, either birth parent or both of them may  
15 file with the Registry a Birth Parent Registration  
16 Identification Form and an Information Exchange Authorization  
17 or a Denial of Information Exchange.

18 (d) ~~(b-5)~~ A birth sibling 21 years of age or over who was  
19 not surrendered for adoption and who has submitted a copy of  
20 his or her birth certificate as well as proof of death for a  
21 deceased birth parent and such birth parent did not file a  
22 Denial of Information Exchange with the Registry prior to his  
23 or her death may file a Registration Identification Form and an  
24 Information Exchange Authorization or a Denial of Information  
25 Exchange.

26 (e) ~~(b-7)~~ A birth aunt or birth uncle who has submitted

1 birth certificates for himself or herself and for a deceased  
2 birth parent naming at least one common biological parent as  
3 well as proof of death for the deceased birth parent and such  
4 birth parent did not file a Denial of Information Exchange with  
5 the Registry prior to his or her death may file a Registration  
6 Identification Form and an Information Exchange Authorization  
7 or a Denial of Information Exchange.

8 (f) ~~(e)~~ Any adopted person 21 years of age or over, any  
9 surrendered person 21 years of age or over, or any adoptive  
10 parent or legal guardian of an adopted or surrendered person  
11 under the age of 21 may file with the Registry a Registration  
12 Identification Form and an Information Exchange Authorization  
13 or a Denial of Information Exchange.

14 (g) ~~(e-3)~~ Any adult child 21 years of age or over of a  
15 deceased adopted or surrendered person who has submitted a copy  
16 of his or her birth certificate naming an adopted or  
17 surrendered person as his or her biological parent as well as  
18 proof of death for the deceased adopted or surrendered person  
19 and such adopted or surrendered person did not file a Denial of  
20 Information Exchange with the Registry prior to his or her  
21 death may file a Registration Identification Form and an  
22 Information Exchange Authorization or a Denial of Information  
23 Exchange.

24 (h) ~~(e-5)~~ Any surviving spouse of a deceased adopted or  
25 surrendered person 21 years of age or over who has submitted  
26 proof of death for the deceased adopted or surrendered person

1 and such adopted or surrendered person did not file a Denial of  
2 Information Exchange with the Registry prior to his or her  
3 death as well as a birth certificate naming themselves and the  
4 adopted or surrendered person as the parents of a minor child  
5 under the age of 21 may file a Registration Identification Form  
6 and an Information Exchange Authorization or a Denial of  
7 Information Exchange.

8 (i) ~~(e-7)~~ Any adoptive parent or legal guardian of a  
9 deceased adopted or surrendered person 21 years of age or over  
10 who has submitted proof of death as well as proof of parentage  
11 or guardianship for the deceased adopted or surrendered person  
12 and such adopted or surrendered person did not file a Denial of  
13 Information Exchange with the Registry prior to his or her  
14 death may file a Registration Identification Form and an  
15 Information Exchange Authorization or a Denial of Information  
16 Exchange.

17 (j) ~~(d)~~ The Department of Public Health shall supply to the  
18 adopted or surrendered person or his or her adoptive parents,  
19 legal guardians, adult children or surviving spouse, and to the  
20 birth parents identifying information only if both the adopted  
21 or surrendered person, or one of his or her adoptive parents,  
22 legal guardians, adult children or his or her surviving spouse,  
23 and the birth parents have filed with the Registry an  
24 Information Exchange Authorization and the information at the  
25 Registry indicates that the consenting adopted or surrendered  
26 person, the child of the consenting adoptive parents or legal

1 guardians, the parent of the consenting adult child of the  
2 adopted or surrendered person, or the deceased wife or husband  
3 of the consenting surviving spouse is the child of the  
4 consenting birth parents, except identifying information that  
5 appears on a non-certified copy of an original birth  
6 certificate may be provided to an adult adopted or surrendered  
7 person or to the surviving adult child or surviving spouse of a  
8 deceased adopted or surrendered person pursuant to the  
9 procedures outlined in Section 18.1b(e) of this Act.

10 The Department of Public Health shall supply to adopted or  
11 surrendered persons who are birth siblings identifying  
12 information only if both siblings have filed with the Registry  
13 an Information Exchange Authorization and the information at  
14 the Registry indicates that the consenting siblings have one or  
15 both birth parents in common. Identifying information shall be  
16 supplied to consenting birth siblings who were adopted or  
17 surrendered if any such sibling is 21 years of age or over.  
18 Identifying information shall be supplied to consenting birth  
19 siblings who were not adopted or surrendered if any such  
20 sibling is 21 years of age or over and has proof of death of the  
21 common birth parent and such birth parent did not file a Denial  
22 of Information Exchange with the Registry prior to his or her  
23 death.

24 (k) ~~(d-3)~~ The Department of Public Health shall supply to  
25 the adopted or surrendered person or his or her adoptive  
26 parents, legal guardians, adult children or surviving spouse,

1 and to a birth aunt identifying information only if both the  
2 adopted or surrendered person or one of his or her adoptive  
3 parents, legal guardians, adult children or his or her  
4 surviving spouse, and the birth aunt have filed with the  
5 Registry an Information Exchange Authorization and the  
6 information at the Registry indicates that the consenting  
7 adopted or surrendered person, or the child of the consenting  
8 adoptive parents or legal guardians, or the parent of the  
9 consenting adult child, or the deceased wife or husband of the  
10 consenting surviving spouse of the adopted or surrendered  
11 person is or was the child of the brother or sister of the  
12 consenting birth aunt.

13 (1) ~~(d-5)~~ The Department of Public Health shall supply to  
14 the adopted or surrendered person or his or her adoptive  
15 parents, legal guardians, adult children or surviving spouse,  
16 and to a birth uncle identifying information only if both the  
17 adopted or surrendered person or one of his or her adoptive  
18 parents, legal guardians, adult children or his or her  
19 surviving spouse, and the birth uncle have filed with the  
20 Registry an Information Exchange Authorization and the  
21 information at the Registry indicates that the consenting  
22 adopted or surrendered person, or the child of the consenting  
23 adoptive parents or legal guardians, or the parent of the  
24 consenting adult child, or the deceased wife or husband of the  
25 consenting surviving spouse of the adopted or surrendered  
26 person is or was the child of the brother or sister of the

1 consenting birth uncle.

2 (m) ~~(e)~~ A registrant may notify the Registry of his or her  
3 desire not to have identifying information ~~his or her identity~~  
4 revealed or may revoke any previously filed Information  
5 Exchange Authorization by completing and filing with the  
6 Registry a Registry Identification Form along with a Denial of  
7 Information Exchange. ~~The Illinois Adoption Registry~~  
8 ~~Application does not need to be completed in order to file a~~  
9 ~~Denial of Information Exchange.~~ Any registrant, except a birth  
10 parent, may revoke his or her Denial of Information Exchange by  
11 filing an Information Exchange Authorization. A birth parent  
12 may revoke a Denial of Information Exchange by filing a Birth  
13 Parent Preference Form. Any birth parent who has previously  
14 filed a Birth Parent Preference Form where Option E was  
15 selected may revoke such preference by filing a subsequent  
16 Birth Parent Preference Form and selecting Option A, B, C, or  
17 D. The Department of Public Health shall act in accordance with  
18 the most recently filed affidavit ~~Authorization.~~

19 (n) ~~(f)~~ Identifying information ascertained from the  
20 Registry shall be confidential and may be disclosed only (1)  
21 upon a Court Order, which order shall name the person or  
22 persons entitled to the information, or (2) to a registrant who  
23 is the subject of an Information Exchange Authorization that  
24 was completed by another registrant and filed with the Illinois  
25 Adoption Registry and Medical Information Exchange, or (3) as  
26 authorized under subsection (h) of Section 18.3 of this Act, or

1 (4) pursuant to the procedures outlined in Section 18.1b(e) of  
2 this Act. A copy of the certificate of live birth shall only be  
3 released to an adopted or surrendered person who was born in  
4 Illinois and who is the subject of an Information Exchange  
5 Authorization filed by one of his or her birth relatives. Any  
6 person who willfully provides unauthorized disclosure of any  
7 information filed with the Registry or who knowingly or  
8 intentionally files false information with the Registry shall  
9 be guilty of a Class A misdemeanor and shall be liable for  
10 damages.

11 (o) ~~(g)~~ If information is disclosed pursuant to this Act,  
12 the Department shall redact it to remove any identifying  
13 information about any party who has not consented to the  
14 disclosure of such identifying information, or, in the case of  
15 identifying information on the original birth certificate,  
16 pursuant to Section 18.1b(e) of this Act.

17 (Source: P.A. 94-173, eff. 1-1-06.)

18 (750 ILCS 50/18.1a)

19 Sec. 18.1a. Registry matches.

20 (a) The Registry shall release identifying information, as  
21 specified on the applicant's Information Exchange  
22 Authorization, to the following mutually consenting registered  
23 parties and provide them with any photographs or correspondence  
24 which have been placed in the Adoption/Surrender Records File  
25 and are specifically intended for the registered parties:

1           (i) an adult adopted or surrendered person and one of  
2 his or her birth relatives who have both filed an  
3 applicable Information Exchange Authorization specifying  
4 the other consenting party with the Registry, if  
5 information available to the Registry confirms that the  
6 consenting adopted or surrendered person is biologically  
7 related to the consenting birth relative;

8           (ii) the adoptive parent or legal guardian of an  
9 adopted or surrendered person under the age of 21 and one  
10 of the adopted or surrendered person's birth relatives who  
11 have both filed an Information Exchange Authorization  
12 specifying the other consenting party with the Registry, if  
13 information available to the Registry confirms that the  
14 child of the consenting adoptive parent or legal guardian  
15 is biologically related to the consenting birth relative;  
16 and

17           (iii) the adoptive parent, adult child or surviving  
18 spouse of a deceased adopted or surrendered person, and one  
19 of the adopted or surrendered person's birth relatives who  
20 have both filed an applicable Information Exchange  
21 Authorization specifying the other consenting party with  
22 the Registry, if information available to the Registry  
23 confirms that child of the consenting adoptive parent, the  
24 parent of the consenting adult child or the deceased wife  
25 or husband of the consenting surviving spouse of the  
26 adopted or surrendered person was biologically related to

1 the consenting birth relative.

2 (b) If a registrant is the subject of a Denial of  
3 Information Exchange filed by another registered party, the  
4 Registry shall not release identifying information to either  
5 registrant with the exception of non-certified copies of the  
6 original birth certificate released under Section 18.1b(e),  
7 and as to a birth parent who has prohibited release of  
8 identifying information on the original birth certificate to  
9 the adult adopted or surrendered person, upon the death of said  
10 birth parent.

11 (c) If a registrant has completed a Medical Information  
12 Exchange Questionnaire and has consented to its disclosure,  
13 that Questionnaire shall be released to any registered party  
14 who has indicated their desire to receive such information on  
15 his or her Illinois Adoption Registry Application, if  
16 information available to the Registry confirms that the  
17 consenting parties are biologically related, that the  
18 consenting birth relative and the child of the consenting  
19 adoptive parents or legal guardians are birth relatives, or  
20 that the consenting birth relative and the deceased wife or  
21 husband of the consenting surviving spouse are birth relatives.  
22 (Source: P.A. 94-173, eff. 1-1-06.)

23 (750 ILCS 50/18.1b)

24 Sec. 18.1b. The Illinois Adoption Registry Application.  
25 The Illinois Adoption Registry Application shall substantially

1 include the following:

2 (a) General Information. The Illinois Adoption Registry  
3 Application shall include the space to provide Information  
4 about the registrant including his or her surname, given name  
5 or names, social security number (optional), mailing address,  
6 home telephone number, gender, date and place of birth, and the  
7 date of registration. If applicable and known to the  
8 registrant, he or she may include the maiden surname of the  
9 birth mother, any subsequent surnames of the birth mother, the  
10 surname of the birth father, the given name or names of the  
11 birth parents, the dates and places of birth of the birth  
12 parents, the surname and given name or names of the adopted  
13 person prior to adoption, the gender and date and place of  
14 birth of the adopted or surrendered person, the name of the  
15 adopted person following his or her adoption and the state and  
16 county where the judgment of adoption was finalized.

17 (b) Medical Information Exchange Questionnaire. In  
18 recognition of the importance of medical information and of  
19 recent discoveries regarding the genetic origin of many medical  
20 conditions and diseases all registrants shall be asked to  
21 voluntarily complete a Medical Information Exchange  
22 Questionnaire.

23 (1) For birth relatives, the Medical Information  
24 Exchange Questionnaire shall include a comprehensive  
25 check-list of medical conditions and diseases including  
26 those of genetic origin. Birth relatives shall be asked to

1       indicate all genetically-inherited diseases and conditions  
2       on this list which are known to exist in the adopted or  
3       surrendered person's birth family at the time of  
4       registration. In addition, all birth relatives shall be  
5       apprised of the Registry's provisions for voluntarily  
6       submitting information about their and their family's  
7       medical histories on a confidential, ongoing basis.

8           (2) Adopted and surrendered persons and their adoptive  
9       parents, legal guardians, adult children, and surviving  
10      spouses shall be asked to indicate all  
11      genetically-inherited diseases and medical conditions with  
12      which the adopted or surrendered person or, if applicable,  
13      his or her children have been diagnosed since birth.

14          (3) The Medical Information Exchange Questionnaire  
15      shall include a space where the registrant may authorize  
16      the release of the Medical Information Exchange  
17      Questionnaire to specified registered parties and a  
18      disclaimer informing registrants that the Department of  
19      Public Health cannot guarantee the accuracy of medical  
20      information exchanged through the Registry.

21          (c) Written statement. All registrants shall be given the  
22      opportunity to voluntarily file a written statement with the  
23      Registry. This statement shall be submitted in the space  
24      provided. No written statement submitted to the Registry shall  
25      include identifying information pertaining to any person other  
26      than the registrant who submitted it. Any such identifying

1 information shall be redacted by the Department or returned for  
2 removal of identifying information.

3 (d) Exchange of ~~Contact~~ information. All registrants may  
4 indicate their wishes regarding contact and the exchange of  
5 identifying and/or medical information with any other  
6 registrant by completing an Information Exchange Authorization  
7 or a Denial of Information Exchange.

8 (1) Information Exchange Authorization. Adopted or  
9 surrendered persons 21 years of age or over who are  
10 interested in exchanging identifying and/or medical  
11 information or would welcome contact with one or more of  
12 their birth relatives; birth parents who are interested in  
13 exchanging identifying and/or medical information or would  
14 welcome contact with an adopted or surrendered person 21  
15 years of age or over, or one or more of his or her adoptive  
16 parents, legal guardians, adult children, or a surviving  
17 spouse; birth siblings 21 years of age or over who were  
18 adopted or surrendered and who are interested in exchanging  
19 identifying and/or medical information or would welcome  
20 contact with an adopted or surrendered person, or one or  
21 more of his or her adoptive parents, legal guardians, adult  
22 children, or a surviving spouse; birth siblings 21 years of  
23 age or over who were not surrendered and who have submitted  
24 proof of death for any common birth parent who did not file  
25 a Denial of Information Exchange prior to his or her death,  
26 and who are interested in exchanging identifying and/or

1        medical information or would welcome contact with an  
2        adopted or surrendered person, or one or more of his or her  
3        adoptive parents, legal guardians, adult children, or a  
4        surviving spouse; birth aunts and birth uncles 21 years of  
5        age or over who have submitted birth certificates for  
6        themselves and a deceased birth parent naming at least one  
7        common biological parent as well as proof of death for a  
8        deceased birth parent ~~who did not file a Denial of~~  
9        ~~Information Exchange prior to his or her death~~ and who are  
10       interested in exchanging identifying and/or medical  
11       information or would welcome contact with an adopted or  
12       surrendered person 21 years of age or over, or one or more  
13       of his or her adoptive parents, legal guardians, adult  
14       children or a surviving spouse; adoptive parents or legal  
15       guardians of adopted or surrendered persons under the age  
16       of 21 who are interested in exchanging identifying and/or  
17       medical information or would welcome contact with one or  
18       more of the adopted or surrendered person's birth  
19       relatives; adoptive parents and legal guardians of  
20       deceased adopted or surrendered persons 21 years of age or  
21       over who have submitted proof of death for a deceased  
22       adopted or surrendered person who did not file a Denial of  
23       Information Exchange prior to his or her death and who are  
24       interested in exchanging identifying and/or medical  
25       information or would welcome contact with one or more of  
26       the adopted or surrendered person's birth relatives; adult

1 children of deceased adopted or surrendered persons who  
2 have submitted a birth certificate naming the adopted or  
3 surrendered person as their biological parent and proof of  
4 death for an adopted or surrendered person who did not file  
5 a Denial of Information Exchange prior to his or her death;  
6 and surviving spouses of deceased adopted or surrendered  
7 persons who have submitted a marriage certificate naming an  
8 adopted or surrendered person as their deceased wife or  
9 husband and proof of death for an adopted or surrendered  
10 person who did not file a Denial of Information Exchange  
11 prior to his or her death and who are interested in  
12 exchanging identifying and/or medical information or would  
13 welcome contact with one or more of the adopted or  
14 surrendered person's birth relatives may specify with whom  
15 they wish to exchange identifying information by filing an  
16 Information Exchange Authorization.

17 (2) Denial of Information Exchange. Adopted or  
18 surrendered persons 21 years of age or over who do not wish  
19 to exchange identifying information or establish contact  
20 with one or more of their birth relatives may specify with  
21 whom they do not wish to exchange identifying information  
22 or do not wish to establish contact by filing a Denial of  
23 Information Exchange. Birth relatives who do not wish to  
24 establish contact with an adopted or surrendered person or  
25 one or more of his or her adoptive parents, legal  
26 guardians, or adult children may specify with whom they do

1 not wish to exchange identifying information or do not wish  
2 to establish contact by filing a Denial of Information  
3 Exchange. Birth parents who wish to prohibit the release of  
4 their identifying information on the original birth  
5 certificate released to an adult adopted or surrendered  
6 person who was born after January 1, 1946, or to the  
7 surviving adult child or surviving spouse of a deceased  
8 adopted or surrendered person who was born after January 1,  
9 1946, may do so by filing a Denial with the Registry on or  
10 before December 31, 2010. As of January 1, 2011, birth  
11 parents who wish to prohibit the release of identifying  
12 information on the non-certified copy of the original birth  
13 certificate released to an adult adopted surrendered  
14 person or to the surviving adult child or surviving spouse  
15 of a deceased adopted or surrendered person may do so by  
16 selecting Option E on a Birth Parent Preference Form and  
17 filing the Form with the Registry. Adoptive parents or  
18 legal guardians of adopted or surrendered persons under the  
19 age of 21 who do not wish to establish contact with one or  
20 more of the adopted or surrendered person's birth relatives  
21 may specify with whom they do not wish to exchange  
22 identifying information by filing a Denial of Information  
23 Exchange. Adoptive parents, adult children, and surviving  
24 spouses of deceased adoptees who do not wish to exchange  
25 identifying information or establish contact with one or  
26 more of the adopted or surrendered person's birth relatives

1 may specify with whom they do not wish to exchange  
2 identifying information or do not wish to establish contact  
3 by filing a Denial of Information Exchange. ~~The Illinois~~  
4 ~~Adoption Registry Application does not need to be completed~~  
5 ~~in order to file a Denial of Information Exchange.~~

6 (3) Birth Parent Preference Form. Beginning January 1,  
7 2011, birth parents who are eligible to register with the  
8 Illinois Adoption Registry and Medical Information  
9 Exchange and who wish to communicate their wishes regarding  
10 contact and/or the release of their identifying  
11 information on the non-certified copy of the original birth  
12 certificate released to an adult adopted or surrendered  
13 person or the surviving adult child or surviving spouse of  
14 a deceased adopted or surrendered person who has requested  
15 a copy of the adopted or surrendered person's original  
16 birth certificate by filing a Request for a Non-Certified  
17 Copy of an Original Birth Certificate pursuant to  
18 subsection (e) of this Section, may file a Birth Parent  
19 Preference Form with the Registry. All Birth Parent  
20 Preference Forms on file with the Registry at the time of  
21 receipt of a Request for a Non-Certified Copy of an  
22 Original Birth Certificate from an adult adopted or  
23 surrendered person or the surviving adult child or  
24 surviving spouse of a deceased adopted or surrendered  
25 person shall be forwarded to the relevant adopted or  
26 surrendered person or surviving adult child or surviving

1 spouse of a deceased adopted or surrendered person along  
2 with a non-certified copy of the adopted or surrendered  
3 person's original birth certificate as outlined in  
4 subsection (e) of this Section.

5 (e) Procedures for requesting a non-certified copy of an  
6 original birth certificate by an adult adopted or surrendered  
7 person or by a surviving adult child or surviving spouse of a  
8 deceased adopted or surrendered person:

9 (1) On or after the effective date of this amendatory  
10 Act of the 96th General Assembly, any adult adopted or  
11 surrendered person who was born in Illinois prior to  
12 January 1, 1946, may complete and file with the Registry a  
13 Request for a Non-Certified Copy of an Original Birth  
14 Certificate. The Registry shall provide such adult adopted  
15 or surrendered person with an unaltered, non-certified  
16 copy of his or her original birth certificate upon receipt  
17 of the Request for a Non-Certified Copy of an Original  
18 Birth Certificate. Additionally, in cases where an adopted  
19 or surrendered person born in Illinois prior to January 1,  
20 1946, is deceased, and one of his or her surviving adult  
21 children or his or her surviving spouse has registered with  
22 the Registry, he or she may complete and file with the  
23 Registry a Request for a Non-Certified Copy of an Original  
24 Birth Certificate. The Registry shall provide such  
25 surviving adult child or surviving spouse with an  
26 unaltered, non-certified copy of the adopted or

1 surrendered person's original birth certificate upon  
2 receipt of the Request for a Non-Certified Copy of an  
3 Original Birth Certificate.

4 (2) Beginning November 1, 2011, any adult adopted or  
5 surrendered person who was born in Illinois on or after  
6 January 1, 1946, may complete and file with the Registry a  
7 Request for a Non-certified Copy of an Original Birth  
8 Certificate. Additionally, in cases where the adopted or  
9 surrendered person is deceased and one of his or her  
10 surviving adult children or his or her surviving spouse has  
11 registered with the Registry, he or she may complete and  
12 file with the Registry a Request for a Non-Certified Copy  
13 of an Original Birth Certificate. Upon receipt of such  
14 request from an adult adopted or surrendered person or from  
15 one of his or her surviving adult children or his or her  
16 surviving spouse, the Registry shall:

17 (i) Determine if there is a Denial of Information  
18 Exchange which was filed by a birth parent named on the  
19 original birth certificate prior to January 1, 2011. If  
20 a Denial was filed by a birth parent named on the  
21 original birth certificate prior to January 1, 2011,  
22 and there is no proof of death in the Registry file for  
23 the birth parent who filed said Denial, the Registry  
24 shall inform the requesting adult adopted or  
25 surrendered person or the requesting surviving adult  
26 child or surviving spouse of a deceased adopted or

1           surrendered person that they may receive a  
2           non-certified copy of the original birth certificate  
3           from which all identifying information pertaining to  
4           the birth parent who filed the Denial has been  
5           redacted. A requesting adult adopted or surrendered  
6           person shall also be informed in writing of his or her  
7           right to petition the court for the appointment of a  
8           confidential intermediary pursuant to Section 18.3a of  
9           this Act and, if applicable, to conduct a search  
10           through an agency post-adoption search program once 5  
11           years have elapsed since the birth parent filed the  
12           Denial of Information Exchange with the Registry.

13           (ii) Determine if a birth parent named on the  
14           original birth certificate has filed a Birth Parent  
15           Preference Form. If one of the birth parents named on  
16           the original birth certificate filed a Birth Parent  
17           Preference Form and selected Option A, B, C, or D, the  
18           Registry shall forward to the adult adopted or  
19           surrendered person or to the surviving adult child or  
20           surviving spouse of a deceased adopted or surrendered  
21           person a copy of the Birth Parent Preference Form. If  
22           one of the birth parents named on the original birth  
23           certificate filed a Birth Parent Preference Form and  
24           selected Option E, and there is no proof of death in  
25           the Registry file for the birth parent who filed said  
26           Birth Parent Preference Form, the Registry shall

1 inform the requesting adult adopted or surrendered  
2 person or the requesting surviving adult child or  
3 surviving spouse of a deceased adopted or surrendered  
4 person that he or she may receive a non-certified copy  
5 of the original birth certificate from which  
6 identifying information pertaining to the birth parent  
7 who completed the Birth Parent Preference Form has been  
8 redacted per the birth parent's specifications on the  
9 Form. The Registry shall forward to the adult adopted  
10 or surrendered person or to the surviving adult child  
11 or surviving spouse of a deceased adopted or  
12 surrendered person a copy of the Birth Parent  
13 Preference Form filed by the birth parent from which  
14 identifying information has been redacted per the  
15 birth parent's specifications on the Form. The  
16 requesting adult adopted or surrendered person shall  
17 also be informed in writing of his or her right to  
18 petition the court for the appointment of a  
19 confidential intermediary pursuant to Section 18.3a of  
20 this Act, and, if applicable, to conduct a search  
21 through an agency post-adoption search program once 5  
22 years have elapsed since the birth parent filed the  
23 Birth Parent Preference Form, on which Option E was  
24 selected, with the Registry.

25 (iii) Determine if a birth parent named on the  
26 original birth certificate has filed an Information

1           Exchange Authorization.

2           (iv) If the Registry has confirmed that a  
3           requesting adult adopted or surrendered person or the  
4           parent of a requesting adult child of a deceased  
5           adopted or surrendered person or the husband or wife of  
6           a requesting surviving spouse was not the object of a  
7           Denial of Information Exchange filed by a birth parent  
8           on or before December 31, 2010, and that no birth  
9           parent named on the original birth certificate has  
10           filed a Birth Parent Preference Form where Option E was  
11           selected prior to the receipt of a Request for a  
12           Non-Certified Copy of an Original Birth Certificate,  
13           the Registry shall provide the adult adopted or  
14           surrendered person or his or her surviving adult child  
15           or surviving spouse with an unaltered non-certified  
16           copy of the adopted or surrendered person's original  
17           birth certificate.

18           (3) In cases where the Registry receives a Birth Parent  
19           Preference Form from a birth parent subsequent to the  
20           release of the non-certified copy of the original birth  
21           certificate to an adult adopted or surrendered person or to  
22           the surviving adult child or surviving spouse of a deceased  
23           adopted or surrendered person, the Birth Parent Preference  
24           Form shall be immediately forwarded to the adult adopted or  
25           surrendered person or to the surviving adult child or  
26           surviving spouse of the deceased adopted or surrendered

1 person and the birth parent who filed the form shall be  
2 informed that the relevant original birth certificate has  
3 already been released.

4 (4) A copy of the original birth certificate shall only  
5 be released to adopted or surrendered persons who were born  
6 in Illinois; to surviving adult children or surviving  
7 spouses of deceased adopted or surrendered persons who were  
8 born in Illinois; or to 2 registered parties who have both  
9 consented to the release of a non-certified copy of the  
10 original birth certificate to one another through the  
11 Registry when the birth of the relevant adopted or  
12 surrendered person took place in Illinois.

13 (5) In cases where the Registry receives a Request for  
14 a Non-Certified Copy of an Original Birth Certificate from  
15 an adult adopted or surrendered person who has not  
16 completed a Registry application and the file of that  
17 adopted or surrendered person includes an Information  
18 Exchange Authorization or Medical Information Exchange  
19 Questionnaire from one or more of his or her birth  
20 relatives, the Registry shall so inform the adult adopted  
21 or surrendered person and forward Registry application  
22 forms to him or her along with a non-certified copy of the  
23 original birth certificate consistent with the procedures  
24 outlined in this subsection (e).

25 (6) In cases where a birth parent registered with the  
26 Registry and filed a Medical Information Exchange

1 Questionnaire prior to the effective date of this  
2 amendatory Act of the 96th General Assembly but gave no  
3 indication as to his or her wishes regarding contact or the  
4 sharing of identifying information, the Registry shall  
5 contact the birth parent by written letter prior to January  
6 1, 2011, and provide him or her with the opportunity to  
7 indicate his or her preference regarding contact and the  
8 sharing of identifying information by submitting a Birth  
9 Parent Preference Form to the Registry prior to November 1,  
10 2011.

11 (7) In cases where the Registry cannot locate a copy of  
12 the original birth certificate in the Registry file, they  
13 shall be authorized to request a copy of the original birth  
14 certificate from the Illinois county where the birth took  
15 place for placement in the Registry file.

16 (8) Adopted and surrendered persons who wish to have  
17 their names placed with the Illinois Adoption Registry and  
18 Medical Information Exchange may do so by completing a  
19 Registry application at any time, but completing a Registry  
20 application shall not be required for adopted and  
21 surrendered persons who seek only to obtain a copy of their  
22 original birth certificate or any relevant Birth Parent  
23 Preference Forms through the Registry.

24 (9) In cases where a birth parent filed a Denial of  
25 Information Exchange with the Registry prior to January 1,  
26 2011, or filed a Birth Parent Preference Form with the

1       Registry and selected Option E after January 1, 2011, and a  
2       proof of death for the birth parent who filed the Denial or  
3       the Birth Parent Preference Form has been filed with the  
4       Registry, the Registry shall be authorized to release an  
5       unaltered non-certified copy of the original birth  
6       certificate to an adult adopted or surrendered person or to  
7       the surviving adult child or surviving spouse of a deceased  
8       adopted or surrendered person who has filed a Request for a  
9       Non-Certified Copy of the Original Birth Certificate with  
10       the Registry.

11       (10) On and after the effective date of this amendatory  
12       Act of the 96th General Assembly, in cases where all birth  
13       parents named on the original birth certificate of an  
14       adopted or surrendered person born after January 1, 1946,  
15       are deceased and copies of death certificates for all birth  
16       parents named on the original birth certificate have been  
17       filed with the Registry, the Registry shall be authorized  
18       to release a non-certified copy of the original birth  
19       certificate to the adopted or surrendered person upon  
20       receipt of his or her Request for a Non-Certified Copy of  
21       an Original Birth Certificate.

22       (f) ~~(e)~~ A registrant may complete all or any part of the  
23       Illinois Adoption Registry Application. All Illinois Adoption  
24       Registry Applications, Information Exchange Authorizations,  
25       Denials of Information Exchange, requests to revoke an  
26       Information Exchange Authorization or Denial of Information

1 Exchange, and affidavits submitted to the Registry shall be  
2 accompanied by proof of identification.

3 ~~(f) The Department shall establish the Illinois Adoption~~  
4 ~~Registry Application form including the Medical Information~~  
5 ~~Exchange Questionnaire by rule.~~

6 (Source: P.A. 94-173, eff. 1-1-06.)

7 (750 ILCS 50/18.2) (from Ch. 40, par. 1522.2)

8 Sec. 18.2. Forms.

9 (a) The Department shall develop the Illinois Adoption  
10 Registry forms as provided in this Section. The General  
11 Assembly shall reexamine the content of the form as requested  
12 by the Department, in consultation with the Registry Advisory  
13 Council. The form of the Birth Parent Registration  
14 Identification Form shall be ~~substantially~~ as follows:

15 BIRTH PARENT REGISTRATION IDENTIFICATION

16 (Insert all known information)

17 I, ....., state that I am the ..... (mother or father) of the  
18 following child:

19 Child's original name: ..... (first) ..... (middle) .....

20 (last), ..... (hour of birth), ..... (date of birth),

21 ..... (city and state of birth), ..... (name of  
22 hospital).

23 Father's full name: ..... (first) ..... (middle) .....

24 (last), ..... (date of birth), ..... (city and state of

25 birth).

1 Name of mother inserted on birth certificate: ..... (first)  
 2 ..... (middle) ..... (last), ..... (race), ..... (date  
 3 of birth), ..... (city and state of birth).

4 That I surrendered my child to: ..... (name of agency),  
 5 ..... (city and state of agency), ..... (approximate date  
 6 child surrendered).

7 That I placed my child by private adoption: ..... (date),  
 8 ..... (city and state).

9 Name of adoptive parents, if known: .....

10 Other identifying information: .....

11 .....  
 12 (Signature of parent)  
 13 .....  
 14 (date) (printed name of parent)

15 (b) The form of the Adopted Person Registration  
 16 Identification shall be ~~substantially~~ as follows:

17 ADOPTED PERSON

18 REGISTRATION IDENTIFICATION

19 (Insert all known information)

20 I, ....., state the following:

21 Adopted Person's present name: ..... (first) .....  
 22 (middle) ..... (last).

23 Adopted Person's name at birth (if known): ..... (first)  
 24 ..... (middle) ..... (last), ..... (birth date), .....  
 25 (city and state of birth), ..... (sex), ..... (race).

1 Name of adoptive father: ..... (first) ..... (middle) .....  
2 (last), ..... (race).

3 Maiden name of adoptive mother: ..... (first) .....  
4 (middle) ..... (last), ..... (race).

5 Name of birth mother (if known): ..... (first) .....  
6 (middle) ..... (last), ..... (race).

7 Name of birth father (if known): ..... (first) .....  
8 (middle) ..... (last), ..... (race).

9 Name(s) at birth of sibling(s) having a common birth parent  
10 with adoptee (if known): ..... (first) ..... (middle)  
11 ..... (last), ..... (race), and name of common birth  
12 parent: ..... (first) ..... (middle) ..... (last),  
13 ..... (race).

14 I was adopted through: ..... (name of agency).

15 I was adopted privately: ..... (state "yes" if known).

16 I was adopted in ..... (city and state), ..... (approximate  
17 date).

18 Other identifying information: .....

19 .....

20 (signature of adoptee)

21 .....

22 (date) (printed name of adoptee)

23 (c) The form of the Surrendered Person Registration  
24 Identification shall be ~~substantially~~ as follows:

25 SURRENDERED PERSON REGISTRATION

IDENTIFICATION

(Insert all known information)

I, ....., state the following:

Surrendered Person's present name: ..... (first) ..... (middle) ..... (last).

Surrendered Person's name at birth (if known): ..... (first) ..... (middle) ..... (last), .....(birth date), ..... (city and state of birth), ..... (sex), ..... (race).

Name of guardian father: ..... (first) ..... (middle) ..... (last), ..... (race).

Maiden name of guardian mother: ..... (first) ..... (middle) ..... (last), ..... (race).

Name of birth mother (if known): ..... (first) ..... (middle) ..... (last) ..... (race).

Name of birth father (if known): ..... (first) ..... (middle) ..... (last), .....(race).

Name(s) at birth of sibling(s) having a common birth parent with surrendered person (if known): ..... (first) ..... (middle) ..... (last), ..... (race), and name of common birth parent: ..... (first) ..... (middle) ..... (last), ..... (race).

I was surrendered for adoption to: ..... (name of agency).

I was surrendered for adoption in ..... (city and state), ..... (approximate date).

Other identifying information: .....

1 .....  
 2 (signature of surrendered person)  
 3 .....  
 4 (date) (printed name of person  
 5 surrendered for adoption)

6 (c-3) The form of the Registration Identification Form for  
 7 Surviving Relatives of Deceased Birth Parents shall be  
 8 ~~substantially~~ as follows:

9 REGISTRATION IDENTIFICATION FORM  
 10 FOR SURVIVING RELATIVES OF DECEASED BIRTH PARENTS

11 (Insert all known information)

12 I, ....., state the following:

13 Name of deceased birth parent at time of surrender:

14 Deceased birth parent's date of birth:

15 Deceased birth parent's date of death:

16 Adopted or surrendered person's name at birth (if known):

17 .....(first) ..... (middle) ..... (last), .....(birth  
 18 date), ..... (city and state of birth), ..... (sex),  
 19 ..... (race).

20 My relationship to the adopted or surrendered person (check  
 21 one): (birth parent's non-surrendered child) (birth parent's  
 22 sister) (birth parent's brother).

23 If you are a non-surrendered child of the birth parent, provide  
 24 name(s) at birth and age(s) of non-surrendered siblings having

1 a common parent with the birth parent. If more than one  
2 sibling, please give information requested below on reverse  
3 side of this form. If you are a sibling or parent of the birth  
4 parent, provide name(s) at birth and age(s) of the sibling(s)  
5 of the birth parent. If more than one sibling, please give  
6 information requested below on reverse side of this form.

7 Name (First) ..... (middle) ..... (last), .....(birth  
8 date), ..... (city and state of birth), ..... (sex),  
9 ..... (race).

10 Name(s) of common parent(s) (first) ..... (middle) .....  
11 (last), .....(race), (first) ..... (middle) .....  
12 (last), .....(race).

13 My birth sibling/child of my brother/child of my sister/ was  
14 surrendered for adoption to ..... (name of agency) City and  
15 state of agency ..... Date .....(approximate) Other  
16 identifying information ..... (Please note that you must: (i)  
17 be at least 21 years of age to register; (ii) submit with your  
18 registration a certified copy of the birth parent's birth  
19 certificate; (iii) submit a certified copy of the birth  
20 parent's death certificate; and (iv) if you are a  
21 non-surrendered birth sibling or a sibling of the deceased  
22 birth parent, also submit a certified copy of your birth  
23 certificate with this registration. No application from a  
24 surviving relative of a deceased birth parent can be accepted  
25 if the birth parent filed a Denial of Information Exchange  
26 prior to his or her death.)

1 .....  
2

(signature of birth parent's surviving relative)

3 .....  
4

(date) (printed name of birth

parent's surviving relative)

6 (c-5) The form of the Registration Identification Form for  
7 Surviving Relatives of Deceased Adopted or Surrendered Persons  
8 shall be ~~substantially~~ as follows:

9 REGISTRATION IDENTIFICATION FORM FOR

10 SURVIVING RELATIVES OF DECEASED ADOPTED OR SURRENDERED PERSONS

11 (Insert all known information)

12 I, ....., state the following:

13 Adopted or surrendered person's name at birth (if known):

14 (first) ..... (middle) ..... (last), .....(birth  
15 date), ..... (city and state of birth), ..... (sex),  
16 ..... (race).

17 Adopted or surrendered person's date of death:

18 My relationship to the deceased adopted or surrendered  
19 person(check one): (adoptive mother) (adoptive father) (adult  
20 child) (surviving spouse).

21 If you are an adult child or surviving spouse of the adopted or  
22 surrendered person, provide name(s) at birth and age(s) of the  
23 children of the adopted or surrendered person. If the adopted  
24 or surrendered person had more than one child, please give

1 information requested below on reverse side of this form.

2 Name (first) ..... (middle) ..... (last), .....(birth  
3 date), ..... (city and state of birth), ..... (sex),  
4 ..... (race).

5 Name(s) of common parent(s) (first) ..... (middle) .....  
6 (last), .....(race), (first) ..... (middle) .....  
7 (last), .....(race).

8 My child/parent/deceased spouse was surrendered for  
9 adoption to .....(name of agency) City and state of agency  
10 ..... Date ..... (approximate) Other identifying  
11 information ..... (Please note that you must: (i) be at  
12 least 21 years of age to register; (ii) submit with your  
13 registration a certified copy of the adopted or surrendered  
14 person's death certificate; (iii) if you are the child of a  
15 deceased adopted or surrendered person, also submit a  
16 certified copy of your birth certificate with this  
17 registration; and (iv) if you are the surviving wife or  
18 husband of a deceased adopted or surrendered person, also  
19 submit a copy of your marriage certificate with this  
20 registration. No application from a surviving relative of a  
21 deceased adopted or surrendered person can be accepted if  
22 the adopted or surrendered person filed a Denial of  
23 Information Exchange prior to his or her death.)

24 .....  
25 (signature of adopted or surrendered person's surviving  
26 relative)

1 .....  
 2 (date) (printed name of adopted  
 3 person's surviving relative)

4 (d) The form of the Information Exchange Authorization  
 5 shall be ~~substantially~~ as follows:

6 INFORMATION EXCHANGE AUTHORIZATION

7 I, ....., state that I am the person who completed the  
 8 Registration Identification; that I am of the age of .....  
 9 years; that I hereby authorize the Department of Public Health  
 10 to give to the following person(s) (birth mother ) (birth  
 11 father) (birth sibling) (adopted or surrendered person )  
 12 (adoptive mother) (adoptive father) (legal guardian of an  
 13 adopted or surrendered person) (birth aunt) (birth uncle)  
 14 (adult child of a deceased adopted or surrendered person)  
 15 (surviving spouse of a deceased adopted or surrendered person)  
 16 (all eligible relatives) the following (please check the  
 17 information authorized for exchange):

- 18 [ ] 1. Only my name and last known address.
- 19 [ ] 2. A copy of my Illinois Adoption Registry  
 20 Application.
- 21 [ ] 3. A copy of the adopted or surrendered person's  
 22 original certificate of live birth (check only if you are  
 23 an adopted or surrendered person or the surviving adult

1 child or surviving spouse of a deceased adopted or  
2 surrendered person).

3 [ ] 4. A copy of my completed medical questionnaire.

4 I am fully aware that I can only be supplied with  
5 information about an individual or individuals who have duly  
6 executed an Information Exchange Authorization that has not  
7 been revoked or, if I am an adopted or surrendered person, from  
8 a birth parent who completed a Birth Parent Preference Form and  
9 did not prohibit the release of his or her identity to me; that  
10 I can be contacted by writing to: ..... (own name or name of  
11 person to contact) (address) (phone number).

12 NOTE: New IARMIE registrants who do not complete a Medical  
13 Information Exchange Questionnaire and release a copy of their  
14 questionnaire to at least one Registry applicant must pay a \$15  
15 registration fee.

16 Dated (insert date).

17 .....  
18 (signature)

19 (e) The form of the Denial of Information Exchange shall be  
20 ~~substantially~~ as follows:

21 DENIAL OF INFORMATION EXCHANGE

22 I, ....., state that I am the person who completed the  
23 Registration Identification; that I am of the age of .....  
24 years; that I hereby instruct the Department of Public Health  
25 not to give any identifying information about me to the

1 following person(s) (birth mother) (birth father) (birth  
2 sibling)(adopted or surrendered person)(adoptive mother)  
3 (adoptive father)(legal guardian of an adopted or surrendered  
4 person)(birth aunt)(birth uncle)(adult child of a deceased  
5 adopted or surrendered person) (surviving spouse of a deceased  
6 adopted or surrendered person) (all eligible relatives).

7 IMPORTANT NOTE: A DENIAL FILED BY A BIRTH PARENT ON OR AFTER  
8 JANUARY 1, 2011, SHALL NOT PROHIBIT THE RELEASE OF THE BIRTH  
9 PARENT'S IDENTIFYING INFORMATION ON THE ORIGINAL BIRTH  
10 CERTIFICATE OF AN ADULT ADOPTED OR SURRENDERED PERSON. BIRTH  
11 PARENTS WHO WISH TO PROHIBIT THE RELEASE OF THEIR IDENTIFYING  
12 INFORMATION ON THE ORIGINAL BIRTH CERTIFICATE OF AN ADULT  
13 ADOPTED OR SURRENDERED PERSON SHALL FILE A BIRTH PARENT  
14 PREFERENCE FORM ON OR AFTER JANUARY 1, 2011. DENIALS FILED BY A  
15 BIRTH PARENT BEFORE JANUARY 1, 2011, WILL EXPIRE UPON THE DEATH  
16 OF THE BIRTH PARENT WITH RESPECT TO ACCESS TO IDENTIFYING  
17 INFORMATION ON THE ORIGINAL BIRTH CERTIFICATE RELEASED TO AN  
18 ADULT ADOPTED OR SURRENDERED PERSON OR TO A SURVIVING ADULT  
19 CHILD OR SURVIVING SPOUSE OF A DECEASED ADOPTED OR SURRENDERED  
20 PERSON.

21 I do/do not (circle appropriate response) authorize the  
22 Registry to release a copy of my completed Medical Information  
23 Exchange Questionnaire to qualified Registry applicants. NOTE:  
24 New IARMIE registrants who do not complete a Medical  
25 Information Exchange Questionnaire and release a copy of their  
26 questionnaire to at least one Registry applicant must pay a \$15

1 registration fee. Birth parents filing a Denial of Information  
 2 Exchange are advised that, under Illinois law, an adult adopted  
 3 person may initiate a search for a birth parent who has filed a  
 4 Denial of Information Exchange through the State confidential  
 5 intermediary program once 5 years have elapsed since the filing  
 6 of the Denial of Information Exchange; ~~that I do not wish to be~~  
 7 ~~contacted.~~

8 Dated (insert date).

9 .....

10 (signature)

11 (f) The form of the Birth Parent Preference Form shall be  
 12 as follows:

13 In recognition of the basic right of all persons to access  
 14 their birth records, Illinois law now provides for the release  
 15 of original birth certificates to adopted and surrendered  
 16 persons 21 years of age or older upon request. While many birth  
 17 parents are comfortable sharing their identities or initiating  
 18 contact with their birth sons and daughters once they have  
 19 reached adulthood, Illinois law also recognizes that there may  
 20 be unique situations where a birth parent might have a  
 21 compelling reason for not wishing to establish contact with a  
 22 birth son or daughter or for not wishing to release identifying  
 23 information that appears on the original birth certificate of a  
 24 birth son or daughter who has reached adulthood. The Illinois  
 25 Adoption Registry and Medical Information Exchange (IARMIE)

1 has therefore established this form to allow birth parents  
2 whose birth son or daughter was born on or after January 1,  
3 1946, to express their wishes regarding contact and the sharing  
4 of identifying information listed on the original birth  
5 certificate with an adult adopted or surrendered person who has  
6 reached the age of 21.

7 In selecting one of the 5 options below, birth parents  
8 should keep in mind that the decision to deny an adult adopted  
9 or surrendered person access to identifying information on his  
10 or her original birth record and/or information about  
11 genetically-transmitted diseases is an important one that can  
12 impact the adopted or surrendered person's life in many ways. A  
13 request for anonymity on this form only pertains to information  
14 that is provided to an adult adopted or surrendered person or  
15 his or her surviving relatives through the Registry and does  
16 not prevent the disclosure of identifying information that may  
17 be available to the adoptee through his or her adoptive parents  
18 and/or other means available to him or her. Birth parents who  
19 would prefer not to be contacted by their surrendered son or  
20 daughter are strongly urged to complete both the  
21 Non-Identifying Information Section included on the final page  
22 of this document and the Medical Questionnaire in order to  
23 provide their surrendered son or daughter with the background  
24 information their surrendered son or daughter may need to  
25 better understand himself or herself and his or her origins.  
26 Furthermore, birth parents whose surrendered son or daughter is

1 under 21 years of age at the time of completion of this form  
2 are reminded that, since no original birth certificates are  
3 released by the IARMIE before an adoptee has reached the age of  
4 21, and birth parents are encouraged to take as much time as  
5 they need to weigh the options available to them before  
6 completing this form. Should you need additional assistance in  
7 completing this form, please contact the agency that handled  
8 the adoption, if applicable, or the Illinois Adoption Registry  
9 and Medical Information Exchange at 217-557-5159.

10 After careful consideration, I, (insert your name) .....,  
11 have made the following decision regarding contact with my  
12 birth son/birth daughter, (insert birth son's/birth daughter's  
13 name at birth, if applicable) ....., who was born in (insert  
14 city/town of birth) ..... on (insert date of birth)..... and  
15 the release of my identifying information as it appears on  
16 his/her original birth certificate when he/she reaches the age  
17 of 21, and I have chosen Option ..... (insert A, B, C, D, or E,  
18 as applicable). I realize that this form must be accompanied by  
19 a completed IARMIE application form as well as a Medical  
20 Information Exchange Questionnaire or the \$15 registration  
21 fee. I am also aware that I may revoke this decision at any  
22 time by completing a new Birth Parent Preference Form and  
23 filing it with the IARMIE. I understand that it is my  
24 responsibility to update the IARMIE with any changes to contact  
25 information provided below. I also understand that, while  
26 preferences regarding the release of identifying information

1 through the Registry are binding unless the law should change  
2 in the future, any selection I have made regarding my preferred  
3 method of contact is not.

4 .....

5 (Signature/Date)

6 (Please insert your signature and today's date above, as well  
7 as under your chosen option, A, B, C, D, or E below.)

8 Option A. I agree to the release of my identifying information  
9 as it appears on my birth son's/birth daughter's original birth  
10 certificate, would welcome direct contact with my birth  
11 son/birth daughter when he or she has reached the age of 21 and  
12 I wish to be contacted at the following mailing address, email  
13 address or phone number:

14 .....

15 .....

16 .....

17 .....

18 (Signature/Date)

19 Option B. I agree to the release of my identifying information  
20 as it appears on my birth son's/birth daughter's original birth  
21 certificate, would welcome contact with my birth son/birth  
22 daughter when he or she has reached the age of 21, but I would  
23 prefer to be contacted through the following person. (Insert

1 name and mailing address, email address or phone number of  
2 chosen contact person.)

3 .....

4 .....

5 (Signature/Date)

6 Option C. I agree to the release of my name as it appears on my  
7 birth son's/birth daughter's original birth certificate, would  
8 welcome contact with my birth son/birth daughter when he or she  
9 has reached the age of 21, but I would prefer to be contacted  
10 through the Illinois confidential intermediary program (please  
11 call 800-526-9022 for additional information) or through the  
12 agency that handled the adoption. (Insert agency name, address  
13 and phone number, if applicable.)

14 .....

15 .....

16 (Signature/Date)

17 Option D. I agree to the release of my name as it appears on my  
18 birth son's/birth daughter's original birth certificate, but I  
19 would prefer not to be contacted by my birth son/birth daughter  
20 when he or she has reached the age of 21.

21 .....

22 (Signature/Date)

23 Option E. I wish to prohibit the release of my (circle ALL

1 applicable options) first name, last name, last known address,  
 2 birth son/birth daughter's last name (if last name listed is  
 3 same as mine), as they appear on my birth son's/birth  
 4 daughter's original birth certificate and do not wish to be  
 5 contacted by my birth son/birth daughter when he or she has  
 6 reached the age of 21. If there were any special circumstances  
 7 that played a role in your decision to remain anonymous which  
 8 you would like to share with your birth son/birth daughter,  
 9 please list them in the space provided below (optional).

10 .....  
 11 .....

12 I understand that, although I have chosen to prohibit the  
 13 release of my identity on the copy of the original birth  
 14 certificate released to my birth son/birth daughter, he or she  
 15 may request that a court-appointed confidential intermediary  
 16 contact me to request updated medical information and/or  
 17 confirm my desire to remain anonymous once 5 years have elapsed  
 18 since the signing of this form; at the time of this subsequent  
 19 search, I wish to be contacted through the person named below.  
 20 (Insert in blank area below the name and phone number of the  
 21 contact person, or leave it blank if you wish to be contacted  
 22 directly.) I also understand that this request for anonymity  
 23 shall expire upon my death.

24 .....  
 25 .....

26 (Signature/Date)

1 NOTE: A copy of this form will be forwarded to your birth son  
 2 or daughter should he or she file a request for his or her  
 3 original birth certificate with the IARMIE. However, if you  
 4 have selected Option E, identifying information, per your  
 5 specifications above, will be deleted from the copy of this  
 6 form forwarded to your birth son or daughter during your  
 7 lifetime. In the event that an adopted or surrendered person is  
 8 deceased, his or her surviving adult children may request a  
 9 copy of the adopted or surrendered person's original birth  
 10 certificate providing they have registered with the IARMIE; the  
 11 copy of this form and the non-certified copy of the original  
 12 birth certificate forwarded to the surviving child of the  
 13 adopted or surrendered person shall be redacted per your  
 14 specifications on this form during your lifetime.

15 Non-Identifying Information Section

16 I wish to voluntarily provide the following non-identifying  
 17 information to my surrendered son or daughter:

18 My age at the time of my child's birth was .....

19 My race is best described as: .....

20 My height is: .....

21 My body type is best described as (circle one): slim, average,  
 22 muscular, a few extra pounds, or more than a few extra pounds.

23 My natural hair color is/was: .....

24 My eye color is: .....

25 My religion is best described as: .....

1 My ethnic background is best described as: .....

2 My educational level is closest to (circle applicable  
3 response): completed elementary school, graduated from  
4 high school, attended college, earned bachelor's degree,  
5 earned master's degree, earned doctoral degree.

6 My occupation is best described as .....

7 My hobbies include .....

8 My interests include .....

9 My talents include .....

10 In addition to my surrendered son or daughter, I also  
11 am the biological parent of (insert number) ..... boys and  
12 (insert number) ..... girls, of whom (insert number) .....  
13 are still living.

14 The relationship between me and my child's birth mother/birth  
15 father would best be described as (circle appropriate  
16 response): husband and wife, ex-spouses, boyfriend and  
17 girlfriend, casual acquaintances, other (please specify)  
18 .....

19 (g) The form of the Request for a Non-Certified Copy of an  
20 Original Birth Certificate shall be as follows:

21 REQUEST FOR A NON-CERTIFIED COPY OF AN ORIGINAL BIRTH  
22 CERTIFICATE

23 I, (requesting party's full name) ....., hereby request a  
24 non-certified copy of (check appropriate option) ..... my  
25 original birth certificate ..... the original birth  
26 certificate of my deceased adopted or surrendered parent .....

1 the original birth certificate of my deceased adopted or  
 2 surrendered spouse (insert deceased parent's/deceased spouse's  
 3 name at adoption) ..... I/my deceased parent/my deceased  
 4 spouse was born in (insert city and county of adopted or  
 5 surrendered person's birth) ..... on ..... (insert adopted or  
 6 surrendered person's date of birth). In the event that one or  
 7 both of my/my deceased parent's/my deceased spouse's birth  
 8 parents has requested that their identity not be released to  
 9 me/to my deceased parent/to my deceased spouse, I wish to  
 10 (check appropriate option) ..... a. receive a non-certified  
 11 copy of the original birth certificate from which identifying  
 12 information pertaining to the birth parent who requested  
 13 anonymity has been deleted; or ..... b. I do not wish to  
 14 received an altered copy of the original birth certificate.

15 Dated (insert date).

16 .....

17 (signature)

18 (h) Any ~~(f) The~~ Information Exchange Authorization, ~~and the~~  
 19 Denial of Information Exchange, or Birth Parent Preference Form  
 20 filed with the Registry, or Request for a Non-Certified Copy of  
 21 an Original Birth Certificate filed with the Registry by a  
 22 surviving adult child or surviving spouse of a deceased adopted  
 23 or surrendered person, shall be acknowledged by the person who  
 24 filed it ~~birth parent, birth sibling, adopted or surrendered~~  
 25 person, ~~adoptive parent, or legal guardian~~ before a notary

1 public, in form substantially as follows:

2 State of .....

3 County of .....

4 I, a Notary Public, in and for the said County, in the  
5 State aforesaid, do hereby certify that .....  
6 personally known to me to be the same person whose name is  
7 subscribed to the foregoing certificate of acknowledgement,  
8 appeared before me in person and acknowledged that (he or she)  
9 signed such certificate as (his or her) free and voluntary act  
10 and that the statements in such certificate are true.

11 Given under my hand and notarial seal on (insert date).

12 .....  
13 (signature)

14 (i) ~~(g)~~ When the execution of an Information Exchange  
15 Authorization, ~~or a~~ Denial of Information Exchange, or Birth  
16 Parent Preference Form or Request for a Non-Certified Copy of  
17 an Original Birth Certificate completed by a surviving adult  
18 child or surviving spouse of a deceased adopted or surrendered  
19 person is acknowledged before a representative of an agency,  
20 such representative shall have his signature on said  
21 Certificate acknowledged before a notary public, in form  
22 substantially as follows:

23 State of.....

24 County of.....

25 I, a Notary Public, in and for the said County, in the

1 State aforesaid, do hereby certify that ..... personally known  
 2 to me to be the same person whose name is subscribed to the  
 3 foregoing certificate of acknowledgement, appeared before me  
 4 in person and acknowledged that (he or she) signed such  
 5 certificate as (his or her) free and voluntary act and that the  
 6 statements in such certificate are true.

7 Given under my hand and notarial seal on (insert date).

8 .....  
 9 (signature)

10 (j) ~~(h)~~ When an Illinois Adoption Registry Application,  
 11 Information Exchange Authorization, ~~or a~~ Denial of Information  
 12 Exchange, Birth Parent Preference Form, or Request for a  
 13 Non-Certified Copy of an Original Birth Certificate completed  
 14 by a surviving adult child or surviving spouse of a deceased  
 15 adopted or surrendered person is executed in a foreign country,  
 16 the execution of such document shall be acknowledged or  
 17 affirmed before an officer of the United States consular  
 18 services.

19 (k) ~~(i)~~ If the person signing an Information Exchange  
 20 Authorization, ~~or a~~ Denial of Information, Birth Parent  
 21 Preference Form, or Request for a Non-Certified Copy of an  
 22 Original Birth Certificate completed by a surviving adult child  
 23 or surviving spouse of a deceased adopted or surrendered person  
 24 is in the military service of the United States, the execution  
 25 of such document may be acknowledged before a commissioned

1 officer and the signature of such officer on such certificate  
2 shall be verified or acknowledged before a notary public or by  
3 such other procedure as is then in effect for such division or  
4 branch of the armed forces.

5 (l) An adopted or surrendered person who completes a  
6 Request For a Non-Certified Copy of the Original Birth  
7 Certificate shall meet the same filing requirements and pay the  
8 same filing fees as a non-adopted person seeking to obtain a  
9 copy of his or her original birth certificate.

10 ~~(j) The Department shall modify these forms as necessary to~~  
11 ~~implement the provisions of this amendatory Act of 1999~~  
12 ~~including creating Registration Identification Forms for~~  
13 ~~non-surrendered birth siblings, adoptive parents and legal~~  
14 ~~guardians.~~

15 (Source: P.A. 93-189, eff. 1-1-04; 94-173, eff. 1-1-06.)

16 (750 ILCS 50/18.3) (from Ch. 40, par. 1522.3)

17 Sec. 18.3. (a) The agency, Department of Children and  
18 Family Services, Court Supportive Services, Juvenile Division  
19 of the Circuit Court, and any other party to the surrender of a  
20 child for adoption or in an adoption proceeding shall inform  
21 ~~obtain from~~ any birth parent or parents relinquishing ~~giving up~~  
22 a child for purposes of adoption after the effective date of  
23 this Act of the opportunity to register with the Illinois  
24 Adoption Registry and Medical Information Exchange and to  
25 utilize the Illinois confidential intermediary program and

1 shall obtain a written confirmation that acknowledges the birth  
2 parent's receipt of such information. ~~a written statement which~~  
3 ~~indicates: (1) a desire to have identifying information shared~~  
4 ~~with the adopted or surrendered person at a later date; (2) a~~  
5 ~~desire not to have identifying information revealed; or (3)~~  
6 ~~that no decision is made at that time. In addition, the agency,~~  
7 ~~Department of Children and Family Services, Court Supportive~~  
8 ~~Services, Juvenile Division of the Circuit Court, and any other~~  
9 ~~organization involved in the surrender of a child for adoption~~  
10 ~~in an adoption proceeding shall inform the birth parent or~~  
11 ~~parents of a child born, adopted or surrendered in Illinois of~~  
12 ~~the existence of the Illinois Adoption Registry and Medical~~  
13 ~~Information Exchange and provide them with the necessary~~  
14 ~~application forms and if requested, assistance with completing~~  
15 ~~the forms.~~

16 ~~(b) When the written statement is signed, the birth parent~~  
17 ~~or parents shall be informed in writing that their decision~~  
18 ~~regarding the sharing of identifying information can be made or~~  
19 ~~changed by such birth parent or parents at any future date.~~

20 ~~(c)~~ The birth parent shall be informed in writing that if  
21 contact or exchange of identifying ~~sharing of identifying~~  
22 information with the adult adopted or surrendered person is to  
23 occur, that adult adopted or surrendered person ~~he or she~~ must  
24 be 21 years of age or over.

25 ~~(d) If the birth parent or parents indicate a desire to~~  
26 ~~share identifying information with the adopted or surrendered~~

1 ~~person, the birth parent shall complete an Information Exchange~~  
2 ~~Authorization.~~

3 ~~(e) Any birth parent or parents requesting that no~~  
4 ~~identifying information be revealed to the adopted or~~  
5 ~~surrendered person shall be informed that such request will be~~  
6 ~~conveyed to the adopted or surrendered person if he or she~~  
7 ~~requests such information; and such identifying information~~  
8 ~~shall not be revealed.~~

9 ~~(f) Any adopted or surrendered person 21 years of age or~~  
10 ~~ever may also indicate in writing his or her desire or lack of~~  
11 ~~desire to share identifying information with the birth parent~~  
12 ~~or parents or with one or more of his or her birth relatives.~~  
13 ~~Any adopted or surrendered person requesting that no~~  
14 ~~identifying information be revealed to the birth parent or to~~  
15 ~~one or more of his or her birth relatives shall be informed~~  
16 ~~that such request shall be conveyed to the birth parent or~~  
17 ~~birth relative if he or she requests such information; and such~~  
18 ~~identifying information shall not be revealed.~~

19 (b) ~~(g)~~ Any birth parent, birth sibling, adopted or  
20 surrendered person, adoptive parent, or legal guardian  
21 indicating their desire to receive identifying or medical  
22 information shall be informed of the existence of the Registry  
23 and assistance shall be given to such person to legally record  
24 his or her name with the Registry.

25 (c) ~~(h)~~ The agency, Department of Children and Family  
26 Services, Court Supportive Services, Juvenile Division of the

1 Circuit Court, and any other organization involved in the  
2 surrender of a child for adoption in an adoption proceeding  
3 which has written statements from an adopted or surrendered  
4 person and the birth parent or a birth sibling indicating a  
5 desire to share ~~receive~~ identifying information or establish  
6 contact shall supply such information to the mutually  
7 consenting parties, except that no identifying information  
8 shall be supplied to consenting birth siblings if any such  
9 sibling is under 21 years of age. However, both the Registry  
10 having an Information Exchange Authorization and the  
11 organization having a written statement requesting the sharing  
12 of identifying information or contact shall communicate with  
13 each other to determine if the adopted or surrendered person or  
14 the birth parent or birth sibling has signed a form at a later  
15 date indicating a change in his or her desires regarding the  
16 sharing of information or contact. ~~The agreement of the birth~~  
17 ~~parent shall be binding.~~

18 (d) ~~(i)~~ On and after January 1, 2000, any licensed child  
19 welfare agency which provides post-adoption search assistance  
20 to adoptive parents, adopted persons, surrendered persons,  
21 birth parents, or other birth relatives shall require that any  
22 person requesting post-adoption search assistance complete an  
23 Illinois Adoption Registry Application prior to the  
24 commencement of the search.

25 (Source: P.A. 94-173, eff. 1-1-06.)

1 (750 ILCS 50/18.3a) (from Ch. 40, par. 1522.3a)

2 Sec. 18.3a. Confidential intermediary.

3 (a) General purposes. Notwithstanding any other provision  
4 of this Act, any adopted or surrendered person 21 years of age  
5 or over, any adoptive parent or legal guardian of an adopted or  
6 surrendered person under the age of 21, or any birth parent of  
7 an adopted or surrendered person who is 21 years of age or over  
8 may petition the court in any county in the State of Illinois  
9 for appointment of a confidential intermediary as provided in  
10 this Section for the purpose of exchanging medical information  
11 with one or more mutually consenting biological relatives,  
12 obtaining identifying information about one or more mutually  
13 consenting biological relatives, or arranging contact with one  
14 or more mutually consenting biological relatives.  
15 Additionally, in cases where an adopted or surrendered person  
16 is deceased, an adult child of the adopted or surrendered  
17 person or his or her adoptive parents or surviving spouse may  
18 file a petition under this Section and in cases where the birth  
19 parent is deceased, an adult birth sibling of the adopted or  
20 surrendered person or of the deceased birth parent may file a  
21 petition under this Section for the purpose of exchanging  
22 medical information with one or more mutually consenting  
23 biological relatives of the adopted or surrendered person,  
24 obtaining identifying information about one or more mutually  
25 consenting biological relatives of the adopted or surrendered  
26 person, or arranging contact with one or more mutually

1 consenting biological relatives of the adopted or surrendered  
2 person. Beginning January 1, 2006, any adopted or surrendered  
3 person 21 years of age or over; any adoptive parent or legal  
4 guardian of an adopted or surrendered person under the age of  
5 21; any birth parent, birth sibling, birth aunt, or birth uncle  
6 of an adopted or surrendered person over the age of 21; any  
7 surviving child, adoptive parent, or surviving spouse of a  
8 deceased adopted or surrendered person who wishes to petition  
9 the court for the appointment of a confidential intermediary  
10 shall be required to accompany their petition with proof of  
11 registration with the Illinois Adoption Registry and Medical  
12 Information Exchange.

13 (b) Petition. Upon petition by an adopted or surrendered  
14 person 21 years of age or over (an "adult adopted or  
15 surrendered person"), an adoptive parent or legal guardian of  
16 an adopted or surrendered person under the age of 21, or a  
17 birth parent of an adopted or surrendered person who is 21  
18 years of age or over, the court shall appoint a confidential  
19 intermediary. Upon petition by an adult child, adoptive parent  
20 or surviving spouse of an adopted or surrendered person who is  
21 deceased, by an adult birth sibling of an adopted or  
22 surrendered person whose common birth parent is deceased and  
23 whose adopted or surrendered birth sibling is 21 years of age  
24 or over, or by an adult sibling of a birth parent who is  
25 deceased, and whose surrendered child is 21 years of age or  
26 over, the court may appoint a confidential intermediary if the

1 court finds that the disclosure is of greater benefit than  
2 nondisclosure. The petition shall state which biological  
3 relative or relatives are being sought and shall indicate if  
4 the petitioner wants to do any one or more of the following:  
5 exchange medical information with the biological relative or  
6 relatives, obtain identifying information from the biological  
7 relative or relatives, or to arrange contact with the  
8 biological relative.

9 (c) Order. The order appointing the confidential  
10 intermediary shall allow that intermediary to conduct a search  
11 for the sought-after relative by accessing those records  
12 described in subsection (g) of this Section.

13 (d) Fees and expenses. The court shall condition the  
14 appointment of the confidential intermediary on the  
15 petitioner's payment of the intermediary's fees and expenses in  
16 advance of the commencement of the work of the confidential  
17 intermediary. However, no fee shall be charged if the  
18 petitioner is an adult adopted or surrendered person and the  
19 sought-after relative is a birth parent who filed a Denial with  
20 the Registry prior to January 1, 2011, or filed a Birth Parent  
21 Preference Form on which Option E was selected after January 1,  
22 2011 and more than 5 years have transpired since the birth  
23 parent filed the Denial of Information Exchange or Birth Parent  
24 Preference Form on which Option E was selected.

25 (e) Eligibility of intermediary. The court may appoint as  
26 confidential intermediary any person certified by the

1 Department of Children and Family Services as qualified to  
2 serve as a confidential intermediary. Certification shall be  
3 dependent upon the confidential intermediary completing a  
4 course of training including, but not limited to, applicable  
5 federal and State privacy laws.

6 (f) Confidential Intermediary Council. There shall be  
7 established under the Department of Children and Family  
8 Services a Confidential Intermediary Advisory Council. One  
9 member shall be an attorney representing the Attorney General's  
10 Office appointed by the Attorney General. One member shall be a  
11 currently certified confidential intermediary appointed by the  
12 Director of the Department of Children and Family Services. The  
13 Director shall also appoint 5 additional members. When making  
14 those appointments, the Director shall consider advocates for  
15 adopted persons, adoptive parents, birth parents, lawyers who  
16 represent clients in private adoptions, lawyers specializing  
17 in privacy law, and representatives of agencies involved in  
18 adoptions. The Director shall appoint one of the 7 members as  
19 the chairperson. An attorney from the Department of Children  
20 and Family Services and the person directly responsible for  
21 administering the confidential intermediary program shall  
22 serve as ex-officio, non-voting advisors to the Council.  
23 Council members shall serve at the discretion of the Director  
24 and shall receive no compensation other than reasonable  
25 expenses approved by the Director. The Council shall meet no  
26 less than twice yearly and shall meet at least once yearly with

1 the Registry Advisory Council, and shall make recommendations  
2 to the Director regarding the development of rules, procedures,  
3 and forms that will ensure efficient and effective operation of  
4 the confidential intermediary process, including:

5 (1) Standards for certification for confidential  
6 intermediaries.

7 (2) Oversight of methods used to verify that  
8 intermediaries are complying with the appropriate laws.

9 (3) Training for confidential intermediaries,  
10 including training with respect to federal and State  
11 privacy laws.

12 (4) The relationship between confidential  
13 intermediaries and the court system, including the  
14 development of sample orders defining the scope of the  
15 intermediaries' access to information.

16 (5) Any recent violations of policy or procedures by  
17 confidential intermediaries and remedial steps, including  
18 decertification, to prevent future violations.

19 (g) Access. Subject to the limitations of subsection (i)  
20 of this Section, the confidential intermediary shall have  
21 access to vital records or a comparable public entity that  
22 maintains vital records in another state in accordance with  
23 that state's laws, maintained by the Department of Public  
24 Health and its local designees for the maintenance of vital  
25 records or a comparable public entity that maintains vital  
26 records in another state in accordance with that state's laws

1 and all records of the court or any adoption agency, public or  
2 private, as limited in this Section, which relate to the  
3 adoption or the identity and location of an adopted or  
4 surrendered person, of an adult child or surviving spouse of a  
5 deceased adopted or surrendered person, or of a birth parent,  
6 birth sibling, or the sibling of a deceased birth parent. The  
7 confidential intermediary shall not have access to any personal  
8 health information protected by the Standards for Privacy of  
9 Individually Identifiable Health Information adopted by the  
10 U.S. Department of Health and Human Services under the Health  
11 Insurance Portability and Accountability Act of 1996 unless the  
12 confidential intermediary has obtained written consent from  
13 the person whose information is being sought by an adult  
14 adopted or surrendered person or, if that person is a minor  
15 child, that person's parent or guardian. Confidential  
16 intermediaries shall be authorized to inspect confidential  
17 relinquishment and adoption records. The confidential  
18 intermediary shall not be authorized to access medical records,  
19 financial records, credit records, banking records, home  
20 studies, attorney file records, or other personal records. In  
21 cases where a birth parent is being sought, an adoption agency  
22 shall inform the confidential intermediary of any statement  
23 filed pursuant to Section 18.3, hereinafter referred to as "the  
24 18.3 statement", indicating a desire of the surrendering birth  
25 parent to have identifying information shared or to not have  
26 identifying information shared. If there was a clear statement

1 of intent by the sought-after birth parent not to have  
2 identifying information shared, the confidential intermediary  
3 shall discontinue the search and inform the petitioning party  
4 of the sought-after relative's intent unless the birth parent  
5 filed the 18.3 statement prior to the effective date of this  
6 amendatory Act of the 96th General Assembly and more than 5  
7 years have elapsed since the filing of the 18.3 statement. If  
8 the adult adopted or surrendered person is the subject of an  
9 18.3 statement indicating a desire not to establish contact  
10 which was filed more than 5 years prior to the search request,  
11 the confidential intermediary shall confirm the petitioner's  
12 desire to continue the search. Information provided to the  
13 confidential intermediary by an adoption agency shall be  
14 restricted to the full name, date of birth, place of birth,  
15 last known address, last known telephone number of the  
16 sought-after relative or, if applicable, of the children or  
17 siblings of the sought-after relative, and the 18.3 statement.

18 (h) Adoption agency disclosure of medical information. If  
19 the petitioner is an adult adopted or surrendered person or the  
20 adoptive parent of a minor and if the petitioner has signed a  
21 written authorization to disclose personal medical  
22 information, an adoption agency disclosing information to a  
23 confidential intermediary shall disclose available medical  
24 information about the adopted or surrendered person from birth  
25 through adoption.

26 (i) Duties of confidential intermediary in conducting a

1 search. In conducting a search under this Section, the  
2 confidential intermediary shall first confirm that there is no  
3 Denial of Information Exchange on file with the Illinois  
4 Adoption Registry. If the petitioner is an adult child of an  
5 adopted or surrendered person who is deceased, the confidential  
6 intermediary shall additionally confirm that the adopted or  
7 surrendered person did not file a Denial of Information  
8 Exchange with the Illinois Adoption Registry during his or her  
9 life. If there is a Denial on file with the Registry, the  
10 confidential intermediary must discontinue the search unless  
11 the petitioner is an adult adopted or surrendered person and  
12 the sought-after birth relative filed the Denial 5 years or  
13 more prior to the search or the birth parent has not been the  
14 object of a search through the State confidential intermediary  
15 program for 10 or more years. If the petitioner is an adult  
16 adopted or surrendered person and there is a Birth Parent  
17 Preference Form on file with the Registry and the birth parent  
18 who completed the form selected Option E, the confidential  
19 intermediary must discontinue the search unless 5 years or more  
20 have elapsed since the filing of the Birth Parent Preference  
21 Form. If the petitioner is an adult birth sibling of an adopted  
22 or surrendered person or an adult sibling of a birth parent who  
23 is deceased, the confidential intermediary shall additionally  
24 confirm that the birth parent did not file a Denial of  
25 Information Exchange with the Registry during his or her life.  
26 If the confidential intermediary learns that a sought-after

1 birth parent signed an 18.3 a statement indicating his or her  
2 intent not to have identifying information shared, and did not  
3 later file an Information Exchange Authorization or a Birth  
4 Parent Preference Form with the ~~Adoption~~ Registry, the  
5 confidential intermediary shall discontinue the search and  
6 inform the petitioning party of the birth parent's intent,  
7 unless the petitioner is an adult adopted or surrendered person  
8 and 5 years or more have elapsed since the birth parent signed  
9 the statement indicating his or her intent not to have  
10 identifying information shared. In cases where the birth parent  
11 filed a Denial of Information Exchange or Birth Parent  
12 Preference Form where Option E was selected, or statement  
13 indicating his or her intent not to have identifying  
14 information shared less than 5 years prior to the search  
15 request and the petitioner is an adult adopted or surrendered  
16 person, the confidential intermediary shall inform the  
17 petitioner of the need to discontinue the search until 5 years  
18 have elapsed since the Denial of Information Exchange or Birth  
19 Parent Preference Form where Option E was selected, or  
20 statement was filed; in cases where a birth parent was  
21 previously the subject of a search through the State  
22 confidential intermediary program, the confidential  
23 intermediary shall inform the petitioner of the need to  
24 discontinue the search until 10 years or more have elapsed  
25 since the initial search was closed. In cases where a birth  
26 parent has been the object of 2 searches through the State

1 confidential intermediary program, no subsequent search for  
2 the birth parent shall be authorized absent a court order to  
3 the contrary.

4 In conducting a search under this Section, the confidential  
5 intermediary shall attempt to locate the relative or relatives  
6 from whom the petitioner has requested information. If the  
7 sought-after relative is deceased or cannot be located after a  
8 diligent search, the confidential intermediary may contact  
9 other adult relatives of the sought-after relative.

10 The confidential intermediary shall contact a sought-after  
11 relative on behalf of the petitioner in a manner that respects  
12 the sought-after relative's privacy and shall inform the  
13 sought-after relative of the petitioner's request for medical  
14 information, identifying information or contact as stated in  
15 the petition. Based upon the terms of the petitioner's request,  
16 the confidential intermediary shall contact a sought-after  
17 relative on behalf of the petitioner and inform the  
18 sought-after relative of the following options:

19 (1) The sought-after relative may totally reject one or  
20 all of the requests for medical information, identifying  
21 information or contact. The sought-after relative shall be  
22 informed that they can provide a medical questionnaire to  
23 be forwarded to the petitioner without releasing any  
24 identifying information. The confidential intermediary  
25 shall inform the petitioner of the sought-after relative's  
26 decision to reject the sharing of information or contact.

1           (2) The sought-after relative may consent to  
2 completing a medical questionnaire only. In this case, the  
3 confidential intermediary shall provide the questionnaire  
4 and ask the sought-after relative to complete it. The  
5 confidential intermediary shall forward the completed  
6 questionnaire to the petitioner and inform the petitioner  
7 of the sought-after relative's desire to not provide any  
8 additional information.

9           (3) The sought-after relative may communicate with the  
10 petitioner without having his or her identity disclosed. In  
11 this case, the confidential intermediary shall arrange the  
12 desired communication in a manner that protects the  
13 identity of the sought-after relative. The confidential  
14 intermediary shall inform the petitioner of the  
15 sought-after relative's decision to communicate but not  
16 disclose his or her identity.

17           (4) The sought after relative may consent to initiate  
18 contact with the petitioner. If both the petitioner and the  
19 sought-after relative or relatives are eligible to  
20 register with the Illinois Adoption Registry, the  
21 confidential intermediary shall provide the necessary  
22 application forms and request that the sought-after  
23 relative register with the Illinois Adoption Registry. If  
24 either the petitioner or the sought-after relative or  
25 relatives are ineligible to register with the Illinois  
26 Adoption Registry, the confidential intermediary shall

1 obtain written consents from both parties that they wish to  
2 disclose their identities to each other and to have contact  
3 with each other.

4 (j) Oath. The confidential intermediary shall sign an oath  
5 of confidentiality substantially as follows: "I, .....,  
6 being duly sworn, on oath depose and say: As a condition of  
7 appointment as a confidential intermediary, I affirm that:

8 (1) I will not disclose to the petitioner, directly or  
9 indirectly, any confidential information except in a  
10 manner consistent with the law.

11 (2) I recognize that violation of this oath subjects me  
12 to civil liability and to a potential finding of contempt  
13 of court. ....

14 SUBSCRIBED AND SWORN to before me, a Notary Public, on (insert  
15 date)  
16 ....."

17 (k) Sanctions.

18 (1) Any confidential intermediary who improperly  
19 discloses confidential information identifying a  
20 sought-after relative shall be liable to the sought-after  
21 relative for damages and may also be found in contempt of  
22 court.

23 (2) Any person who learns a sought-after relative's  
24 identity, directly or indirectly, through the use of  
25 procedures provided in this Section and who improperly  
26 discloses information identifying the sought-after

1 relative shall be liable to the sought-after relative for  
2 actual damages plus minimum punitive damages of \$10,000.

3 (3) The Department shall fine any confidential  
4 intermediary who improperly discloses confidential  
5 information in violation of item (1) or (2) of this  
6 subsection (k) an amount up to \$2,000 per improper  
7 disclosure. This fine does not affect civil liability under  
8 item (2) of this subsection (k). The Department shall  
9 deposit all fines and penalties collected under this  
10 Section into the Illinois Adoption Registry and Medical  
11 Information Fund.

12 (1) Death of person being sought. Notwithstanding any other  
13 provision of this Act, if the confidential intermediary  
14 discovers that the person being sought has died, he or she  
15 shall report this fact to the court, along with a copy of the  
16 death certificate. If the sought-after relative is a birth  
17 parent, the confidential intermediary shall also forward a copy  
18 of the birth parent's death certificate or obituary to the  
19 Registry for inclusion in the Registry file.

20 (m) Any confidential information obtained by the  
21 confidential intermediary during the course of his or her  
22 search shall be kept strictly confidential and shall be used  
23 for the purpose of arranging contact between the petitioner and  
24 the sought-after birth relative. At the time the case is  
25 closed, all identifying information shall be returned to the  
26 court for inclusion in the impounded adoption file.

1           (n) If the petitioner is an adopted or surrendered person  
2 21 years of age or over or the adoptive parent or legal  
3 guardian of an adopted or surrendered person under the age of  
4 21, any non-identifying information, as defined in Section  
5 18.4, that is ascertained during the course of the search may  
6 be given in writing to the petitioner at any time during the  
7 search before the case is closed.

8           (o) Except as provided in subsection (k) of this Section,  
9 no liability shall accrue to the State, any State agency, any  
10 judge, any officer or employee of the court, any certified  
11 confidential intermediary, or any agency designated to oversee  
12 confidential intermediary services for acts, omissions, or  
13 efforts made in good faith within the scope of this Section.

14           (p) An adoption agency that has received a request from a  
15 confidential intermediary for the full name, date of birth,  
16 last known address, or last known telephone number of a  
17 sought-after relative pursuant to subsection (g) of Section  
18 18.3a ~~18.3~~, or for medical information regarding a sought-after  
19 relative pursuant to subsection (h) of Section 18.3a ~~18.3~~, must  
20 satisfactorily comply with this court order within a period of  
21 45 days. The court shall order the adoption agency to reimburse  
22 the petitioner in an amount equal to all payments made by the  
23 petitioner to the confidential intermediary, and the adoption  
24 agency shall be subject to a civil monetary penalty of \$1,000  
25 to be paid to the Department of Children and Family Services.  
26 Following the issuance of a court order finding that the

1 adoption agency has not complied with Section 18.3, the  
2 adoption agency shall be subject to a monetary penalty of \$500  
3 per day for each subsequent day of non-compliance. Proceeds  
4 from such fines shall be utilized by the Department of Children  
5 and Family Services to subsidize the fees of petitioners as  
6 referenced in subsection (d) of this Section.

7 (q) Provide information to eligible petitioner. The  
8 confidential intermediary may provide to eligible petitioners  
9 as described in subsections (a) and (b) of this Section, the  
10 name of the child welfare agency which had legal custody of the  
11 surrendered person or responsibility for placing the  
12 surrendered person and any available contact information for  
13 such agency. In addition, the confidential intermediary may  
14 provide to such petitioners the name of the state in which the  
15 surrender occurred or in which the adoption was finalized.

16 Any reimbursements and fines, notwithstanding any  
17 reimbursement directly to the petitioner, paid under this  
18 subsection are in addition to other remedies a court may  
19 otherwise impose by law.

20 ~~Proceeds from the penalties paid to the Department of~~  
21 ~~Children and Family Services shall be deposited into the DCFS~~  
22 ~~Children's Services Fund.~~ The Department of Children and Family  
23 Services shall submit reports to the Confidential Intermediary  
24 Advisory Council by July 1 and January 1 of each year in order  
25 to report the penalties assessed and collected under this  
26 subsection, the amounts of related deposits into the DCFS

1 Children's Services Fund, and any expenditures from such  
2 deposits.

3 (Source: P.A. 96-661, eff. 8-25-09.)

4 (750 ILCS 50/18.5) (from Ch. 40, par. 1522.5)

5 Sec. 18.5. Liability. No liability shall attach to the  
6 State, any agency thereof, any licensed agency, any judge, any  
7 officer or employee of the court, or any party or employee  
8 thereof involved in the surrender of a child for adoption or in  
9 an adoption proceeding for acts or efforts made within the  
10 scope of Sections 18.05 thru 18.5, inclusive, of this Act and  
11 under its provisions, except for subsection (n) ~~(f)~~ of Section  
12 18.1.

13 (Source: P.A. 91-417, eff. 1-1-00.)

14 (750 ILCS 50/18.6) (from Ch. 40, par. 1522.6)

15 Sec. 18.6. Registry fees. The Department of Public Health  
16 shall levy a fee for each registrant under Sections 18.05  
17 through 18.5. A \$15 ~~\$40~~ fee shall be charged for registering  
18 with the Illinois Adoption Registry and Medical Information  
19 Exchange. However, this fee shall be waived for all adopted or  
20 surrendered persons, surviving children and spouses of  
21 deceased adopted persons, adoptive parents, legal guardians,  
22 birth parents, and birth siblings who complete a Medical  
23 Information Exchange Questionnaire at the time of registration  
24 and authorize its release to specified registered parties, and

1 for adoptive parents registering within 12 months of the  
2 finalization of the adoption. All persons who were registered  
3 with the Illinois Adoption Registry prior to the effective date  
4 of this amendatory Act of 1999 and who wish to update their  
5 registration may do so without charge. No charge of any kind  
6 shall be made for the withdrawal of any form provided in  
7 Section 18.2.

8 (Source: P.A. 91-417, eff. 1-1-00.)

9 Section 99. Effective date. This Act takes effect upon  
10 becoming law.".